11695

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marley Park, P.O. Glen Burnie — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 Old Annapolis Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marley Park, P.O. Glen Burnie
STREET ADDRESS (If rural, give location) 3 Old Annapolis Road

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) MARIE (Last) ADREON

4. DATE OF DEATH: (Month) December (Day) 31 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: JAN 25 1949

9. AGE last birthday: 2 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LeRoy FORGESON

14. MOTHER'S MAIDEN NAME: Doris ADERON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Doris ADERON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to aspiration of vomitus due to acute otitis media, right

921.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) (COUNTY) (STATE) 3 Old Annapolis Road, Marley Park, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 31, 1951 A. m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Aspiration of vomitus

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Stanley K. Dunbar — ADDRESS 700 Fleet St., Baltimore 2, Md. — DATE SIGNED Dec. 31, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 1/2/52 — NAME OF CEMETERY OR CREMATORY Glen Haven — LOCATION (City, town, or county) A. A. Co. — (State) Md

DATE REC'D LOCAL JAN 1 1952 — REGISTRAR'S SIGNATURE Huntington Williams, M.D. — 24. FUNERAL DIRECTOR R V Singleton — ADDRESS

1/3/52 W J Bedrick

(Seal)

VS. A15A

COPY SENT TO LOCAL REGISTRAR NO. CWO DATE 1/3/52

RECEIVED
JAN 3 1952
BUREAU V. S.

11696

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Baltimore
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5208 Patrick Henry Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY a.a.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS (If rural, give location) 5208 Patrick Henry Drive

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) E (Last) ATKINSON
4. DATE OF DEATH: (Month) Dec (Day) 3 (Year) 19 51

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W.
8. DATE OF BIRTH 10.3.08
9. AGE last birthday 43 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY U.S. F & B.
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Kenney
14. MOTHER'S MAIDEN NAME Agnes Wesolanyo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Kenney - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hyper nephroma, metastatic	1 year
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

180X
52a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Nov 1950
19b. MAJOR FINDINGS OF OPERATION Metastatic Hypernephroma
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to 3 Dec, 1951, that I last saw the deceased alive on 3 Dec, 1951, and that death occurred at 5 30 m., from the causes and on the date stated above.

SIGNATURE Marion D. Davis (Degree or title) M.D. ADDRESS 5004 Ritchie Hwy Balto Md DATE SIGNED 4 Dec 1951

23. BURIAL, CREMATION, REMOVAL (Specify) B. DATE 12.6.51 NAME OF CEMETERY OR CREMATORY Balto. Nat. LOCATION (City, town, or county) Balto. (State)

DATE REC'D BY LOCAL REG. 12-5-51
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR James L. Kelley ADDRESS 130 E. Fort Ave

B76416

11697

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belvedere Beach
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) B. (Last) BAIRD

4. DATE OF DEATH: (Month) December (Day) 13, (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 25, 1885

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Stone

14. MOTHER'S MAIDEN NAME: Olive Lemer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Charles B. Baird, Belvedere Beach, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) carcinoma of lungs — 3 years

163X
470

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3, 19 5[illegible], to 12-13, 19 5[illegible], that I last saw the deceased alive on 12-12, 19 5[illegible], and that death occurred at 10 5 A m., from the causes and on the date stated above.

SIGNATURE: Edith Roella (Degree or title) M.D. ADDRESS: 42 State Circle Annapolis, Md. DATE SIGNED: 12-13-51

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: 12/17/51 | NAME OF CEMETERY OR CREMATORY: U. S. National Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REG.: 12/14/51 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR ADDRESS: William Cook, Inc. 1217 St. Paul Street

VS. A15

✓ DNR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11698

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural, Baltimore — LENGTH OF STAY (in this place) 49 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 W. 2nd Ave. Brooklyn Park

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Baltimore
STREET ADDRESS (If rural, give location) 8 W. 2nd Ave

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Nelson (Last) Berigtold Sr

4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) Married

8. DATE OF BIRTH: Feb. 12 1902

9. AGE last birthday: 49 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: City Water Dept

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Berigtold

14. MOTHER'S MAIDEN NAME: Eliza Jane Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S ADDRESS: Frank McDonald, 3241 Magnolia Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	1/2 hr.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive Cardio vascular Lesions	
93d	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/26, 1951, to 12/26, 1951, that I last saw the deceased alive on 12/26, 1951, and that death occurred at 3.45 a.m., from the causes and on the date stated above.

SIGNATURE Harry Cohen (DEGREE OR TITLE) M.D. ADDRESS 503 Cathedral St Baltimore, Md. DATE SIGNED 12/28/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12/29/51 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem. — LOCATION (City, town, or county) Anne Arundel (State) Md.

DATE REC'D BY LOCAL REG. December 29th 1951 — REGISTRAR'S SIGNATURE R. W. — 24. FUNERAL DIRECTOR: Lord & Lyons Funeral Home — ADDRESS 400 Ritchie Hwy.

583-596

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11699

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Herald Harbor, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Herald Harbor, Md.
STREET ADDRESS (If rural, give location) Kyle Rd. & Redwood Trail

3. NAME OF DECEASED (Type or Print): (First) LOUISE (Middle) RUTH (Last) BERTHOLD

4. DATE OF DEATH: (Month) Dec. (Day) 28 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 5, 1916

9. AGE last birthday: 35 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Harmony, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Theresa Firestone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Geo. J. Berthold, husband, Kyle Rd. & Redwood Trail, Herald Harbor, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 2 Years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Dec 28, 1951, that I last saw the deceased alive on Dec 27, 1951, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward J. Chenett M.D. Lambrills Md 12-28-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/31/51 | NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery | LOCATION (City, town, or county) (State): Middletown, Md.

DATE REC'D BY LOCAL REG.: December 29. 1951 | REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

11700

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place) 27 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Clay Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) 66 Clay Street

3. NAME OF DECEASED (Type or Print): (First) Rachel (Middle) Firdell (Last) Biss

4. DATE OF DEATH: (Month) Dec (Day) 11 (Year) 19 51

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 3/17/1898

9. AGE: At birthday 53 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid

10b. KIND OF BUSINESS OR INDUSTRY: Carvel Hall Hotel

11. BIRTHPLACE (State or foreign country): Annapolis

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ———

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Ollie Boggs- 66 Clay Street- Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Disseminated Lupus Erythematosus — Interval Between Onset and Death: 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Foot with Pyorhoea

4.51 X .53

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Dec. 11, 1951, that I last saw the deceased alive on Dec 11, 1951, and that death occurred at 7:PM m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D ADDRESS 115 - Clay St Annapolis, Md. DATE SIGNED 12/12/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12/16/51 | NAME OF CEMETERY OR CREMATORY: Brewer Hill Cemetery | LOCATION (City, town, or county): West St. Annapolis, Md. (State):

DATE REC'D BY LOCAL REG.: Dec 12, 1951 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR: Mrs. Charles E. [illegible] ADDRESS: [illegible] Northern A

MARYLAND STATE DEPARTMENT OF HEALTH

11701

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 5L

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (In this place) 1 yr. 1 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 8 N. Spring Street

3. NAME OF DECEASED (Type or Print): (First) Wm. (Middle) Henry (Last) Boston
4. DATE OF DEATH (Month) (Day) (Year): 12/14/51 19

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: ?
9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stevan Boston
14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — known since 11/13/50

4222 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 930

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis 2 "

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13/50, 19..., to 12/14/51, 19..., that I last saw the deceased alive on 12/14/51, 19..., and that death occurred at 5:40P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jacob Mongerstein M.D. ADDRESS Crownsville, Md. DATE SIGNED 12/15/51

23. BURIAL, CREMATION OR REMOVAL (Specify): Removal
DATE THEREOF: 12/26/51
NAME OF CEMETERY OR CREMATORY: University Md. School
LOCATION (City, town, or county) (State): Baltimore City Md.

DATE REC'D BY LOCAL REG. 12/26/51
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Simon A. Emsley
ADDRESS: 58 W. Biddle St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11702

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A. A. STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenburnie; LENGTH OF STAY (In this place) 11 yr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 - 2nd Ave S.W.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same – COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Louisa (Last) Bowers

4. DATE OF DEATH: (Month) Dec. (Day) 28 (Year) 1951

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb. 2 - 1876

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: –

11. BIRTHPLACE (State or foreign country): Oxford - Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Wamsley

14. MOTHER'S MAIDEN NAME: Alice Langmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-16-4035

17. INFORMANT: Mrs. Chas. Franklin

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: Dec. 7 5 m.

331 / 83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis — 5 m.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. –

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 1951, to Dec. 28, 1951, that I last saw the deceased alive on Dec 28, 1951, and that death occurred at 8:00 A m., from the causes and on the date stated above.

SIGNATURE Chas. L. Ralls Jr. (Degree or title) ADDRESS Lindricum Md. DATE SIGNED 12/28/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF DEC. 31, 1951; NAME OF CEMETERY OR CREMATORY Mt. Olivet; LOCATION (City, town, or county) BALTIMORE (State) MD.

DATE REC'D BY LOCAL REG. 12/30/51; REGISTRAR'S SIGNATURE L. L. Dr. Ellis

24. FUNERAL DIRECTOR Thomas W. Singleton; ADDRESS Glen Burnie, Md

VS. A15

RECEIVED
JAN 2 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1703

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cost of this is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadenia — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lake Waterford

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadenia
STREET ADDRESS (If rural, give location) Lake Waterford

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) H. (Last) Brown

4. DATE OF DEATH: (Month) Dec. (Day) 6. (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 3, 1900

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Factory

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William C. Brown

14. MOTHER'S MAIDEN NAME: Cordelia Gittings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Ruth Brown Pasadenia, [illegible] Co

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary disease

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

34a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertension Bronchitis

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14, 1951, to Dec 6, 1951, that I last saw the deceased alive on Dec 6, 1951, and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Wm K. Willoughby, M.D. — Severna Park — 12/8

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-10-51 — NAME OF CEMETERY OR CREMATORY: Mt. Calvery Cemetery — LOCATION (City, town, or county) (State): A. A. Co., Md.

DATE REC'D BY LOCAL REG.: December 8 1951 — REGISTRAR'S SIGNATURE: R.W

24. FUNERAL DIRECTOR: Jesse C. Fiddeman & Bro. — ADDRESS: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11704

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place): 12 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Texas — COUNTY: Unknown
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dallas
STREET ADDRESS (If rural, give location): 2827 Metropolitian Avenue

3. NAME OF DECEASED (Type or Print): (First) "A" (Middle) "B" (Last) BRYANT

4. DATE OF DEATH: (Month) December (Day) 13 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 29, 1927

9. AGE last birthday: 24 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stewart

10b. KIND OF BUSINESS OR INDUSTRY: U.S. NAVY

11. BIRTHPLACE (State or foreign country): Willis Texas

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Willie Bryant

14. MOTHER'S MAIDEN NAME: Abbie (~~last name unknown~~) LUKES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Multiple Extreme Injury, NOS, N869	45 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)		
1702	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT (Specify) ~~HOMICIDE~~ ~~SUICIDE~~ Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Street
(CITY OR TOWN): Route U.S. 50 near Annapolis
(COUNTY): Anne Arundel
(STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 13 1951 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Automobile Accident

22. I hereby certify that I attended the deceased from 13 Dec, 19 51, to 13 Dec, 19 51, that I last saw the deceased alive on 13 Dec, 1951, and that death occurred at 5:02 P.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): C.E. TODD, JR. LT, MC, USNR
ADDRESS: U.S. Naval Hospital Annapolis, Md.
DATE SIGNED: 12-14-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec 18, 1951
NAME OF CEMETERY OR CREMATORY: Annapolis National Cemetery
LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: Dec. 18, 1951
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: William Lee
ADDRESS: 108 W. Washington St. Annapolis, Maryland

DEC 31 1951

MARYLAND STATE DEPARTMENT OF HEALTH

11705

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severna Park
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dr. Willowby's Office

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Pa — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Carbondhle,
STREET ADDRESS (If rural, give location): 22 Plum Street

3. NAME OF DECEASED (Type or Print): (First) EVA (Middle) (Last) BURDO

4. DATE OF DEATH: (Month) (Day) (Year): December 22 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: December 15, 1887

9. AGE last birthday: 64 yrs. If under 1 year: Months 11 Days 19 If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Austra

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): nO (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs Jennie Painter, 28 Market Space Annapolis, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ACUTE DILATATION OF HEART — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CHRONIC MYOCARDITIS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) Severna Park (COUNTY) Anne Arundel (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 12-22-51 9:55 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Natural causes

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title): John M. Claffy M.D. Deputy Medical Examiner
ADDRESS: John M. Claffy Deputy Medical Examiner Anne Arundel County Annapolis, Md.
DATE SIGNED: 12-22-51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: 12-23-51 | NAME OF CEMETERY OR CREMATORY: To | LOCATION (City, town, or county) (State): Carbondhle, Pa

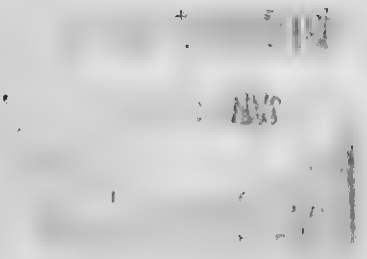
DATE REC'D BY LOCAL REG.: Dec. 23 1951 | REGISTRAR'S SIGNATURE: L. J. Dr Alba

24. FUNERAL DIRECTOR: B.L. Hopping and Son — ADDRESS: Annapolis, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH

11706

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Annapolis Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Tarrant (Middle) Maurice (Last) Hall

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 19 51

5. SEX: [illegible]

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: 10/22/31

9. AGE last birthday: yrs. 2 | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): [illegible]

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) [illegible]

(c) Multiple [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 12 - 21 - 51 m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY Ooccur? [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 1/3/52 | NAME OF CEMETERY OR CREMATORY Hall's Memorial | LOCATION (City, town, or county) (State) A.A. Co. Md.

DATE RECD BY LOCAL REG. 1/3/51 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] ADDRESS 1082 W Montgomery St

40(10)-X(1)22 3 dc 7

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Roads — MARYLAND — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY A. A. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Annapolis — STREET ADDRESS (If rural, give location) Annapolis Roads

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Bryan (Last) Claude

4. DATE OF DEATH: (Month) 12 (Day) 7 (Year) 1951

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 20-1862

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: William Shepard Bryan

14. MOTHER'S MAIDEN NAME: Elizabeth E. Hayward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Miss Elizabeth H. Claude Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis chron and — Interval between onset and death: Several years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 422.1 — (b) Myocardial degeneration — Several years

(c) Arteriosclerosis generalized

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1951, to Dec. 7, 1951, that I last saw the deceased alive on Dec. 7, 1951, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

George C. Bond M. D. Annapolis Md Dec 8. 51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 12-10-51 — NAME OF CEMETERY OR CREMATORY: St Annes — LOCATION (City, town, or county) (State): Annapolis Md

DATE REC'D BY LOCAL REG.: Dec. 9, 1951 — REGISTRAR'S SIGNATURE: W. T. Dennis — 24. FUNERAL DIRECTOR — ADDRESS: John W. Taylor Son Annapolis Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY OR TOWN Crownsville; LENGTH OF STAY (In this place) 16 yrs. 10 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Baltimore City; STATE Maryland; CITY OR TOWN Baltimore City; STREET ADDRESS (If rural, give location) 1109 Pennsylvania Avenue

3. NAME OF DECEASED (Type or Print): (First) Olive; (Middle); (Last) Cornish

4. DATE OF DEATH: (Month) 12; (Day) 31; (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1905?

9. AGE last birthday: 46? yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: - -

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: Known to us since 1/26/51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia - Hebephrenic Type — Known to us since adm. 2/12/35

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION: - - - -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): - - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: - - - (CITY OR TOWN) - - (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: - - -

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? - - - -

22. I hereby certify that I attended the deceased from 10/13, 1941 to 12/31, 1951, that I last saw the deceased alive on 12/31, 1951, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arch Thorpe Austen M.D. ADDRESS: Crownsville, Md. DATE SIGNED: 12/31/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 1/1/52 | NAME OF CEMETERY OR CREMATORY: University Med School | LOCATION (City, town, or county): Balto City (State): Md

DATE REC'D BY LOCAL REG.: Jan 4, 1952 | REGISTRAR'S SIGNATURE: L. D. Callo

24. FUNERAL DIRECTOR: Frances A Hemsley | ADDRESS: 578 N Bdle St

11709

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place) 2 D 2 H
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis R.F.D. #2
STREET ADDRESS (If rural, give location) Log Inn Rd. + Revell Highway

3. NAME OF DECEASED (Type or Print): (First) ABRAHAM (Middle) (Last) CROMWELL

4. DATE OF DEATH: (Month) Dec (Day) 23 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: unknown

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Roads.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Cromwell

14. MOTHER'S MAIDEN NAME: Rachael Calvert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Ethel Cromwell, Route 2 Annapolis Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Failure	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Oedema of Lungs	unknown
2d	(c) Arterio-Sclerosis (general)	unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Tom W. Leatherbury, M.D. Deputy Medical Examiner, Annapolis Md 12-23-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 27th | NAME OF CEMETERY OR CREMATORY: Broadneck | LOCATION (City, town, or county) (State): St Margaretts Md

DATE REC'D BY LOCAL REG. Dec. 26, 1951 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: J. P. Freeman | ADDRESS: Annapolis

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Skidmore | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Log Inn Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Skidmore
STREET ADDRESS (If rural, give location) Log Inn Road

3. NAME OF DECEASED (Type or Print) (First) John (Middle) L. (Last) Brown

4. DATE OF DEATH (Month) Dec. (Day) 25 (Year) 1951

5. SEX Female | 6. COLOR OR RACE Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH [illegible] | 9. AGE last birthday [illegible] yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Skidmore, Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME [illegible] | 14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. [illegible] | 17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-23-49, 19..., to 12-23-51, 19..., that I last saw the deceased alive on 12-22-51, 19..., and that death occurred at 1:10 p.m., from the causes and on the date stated above.

SIGNATURE G. T. Allen | (Degree or title) MD | ADDRESS 10 Carroll | DATE SIGNED 12-26-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec 27 1951 | NAME OF CEMETERY OR CREMATORY Woodlawn Church Cemetery | LOCATION (City, town, or county) [illegible] (State)

DATE REC'D BY LOCAL REG. Dec. 27, 1951 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR [illegible] | ADDRESS [illegible]

VS. A15

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1171

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) Dreams Landing

3. NAME OF DECEASED (Type or Print): (First) Patricia (Middle) W. (Last) Davidson

4. DATE OF DEATH: (Month) 12 (Day) 13 (Year) 1951

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: Sept 11-1901

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Paul Wojciechowski

14. MOTHER'S MAIDEN NAME: Catherine Marsginska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Robert Bryant, Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Carcinomatosis	2 months
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Carcinoma of large intestine	2 months
	(c)		

15 X 46

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-10-, 1951, to 12-13-, 1951, that I last saw the deceased alive on 12-12- 1951, and that death occurred at 8:00 P. m., from the causes and on the date stated above.

SIGNATURE James R. Martin (Degree or title) M.D. ADDRESS Annapolis, Md. DATE SIGNED 12-13-51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 12-14-51 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Los Angeles (State) Cal

DATE REC'D BY LOCAL REG. Dec. 14, 1951 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY A. A. — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold. A. A.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) (Last) Day
4. DATE OF DEATH: (Month) Dec. (Day) 5 (Year) 1957
5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 27 1889
9. AGE last birthday: 62 yrs. — If under 1 year: Months 5 Days 3 — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Labor
10b. KIND OF BUSINESS OR INDUSTRY: R.R.
11. BIRTHPLACE (State or foreign country): New York N. Y.
12. CITIZEN OF WHAT COUNTRY: U.S.A
13. FATHER'S NAME: William Day
14. MOTHER'S MAIDEN NAME: Priscilla Griffin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service) Aug 23/18
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Found Dead

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
18. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Congestive Heart Failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

4134.1

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-2-57, 19..., to 12-5-57, 19..., that I last saw the deceased alive on 12-4-57, 19..., and that death occurred at 4:10 P. m., from the causes and on the date stated above.

SIGNATURE G. T. Talley (Degree or title) MD — ADDRESS 10 Carroll — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 9 1957 | NAME OF CEMETERY OR CREMATORY: Mt Calvary | LOCATION (City, town, or county): Arnold. (State): Md

DATE REC'D BY LOCAL REG.: Dec. 8, 1957 | REGISTRAR'S SIGNATURE: W. Trench

24. FUNERAL DIRECTOR: J. P. Johnson — ADDRESS: Annapolis

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park
LENGTH OF STAY (in this place) 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 504 Route 1 Severna Park

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park
STREET ADDRESS (If rural, give location) Box 504, Route 1, Severna Park

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Louis	Henry	Decker	Dec.	10,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	November 27 1892	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stationary Engineer	Abbatoir	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Emory F. Decker	Mary E James

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES. World War I	213-05-8147	Eleanora Decker Box 504, Route 1, Severna Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	1½ yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular disease	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from July 2, 1950, to Dec 10, 1951, that I last saw the deceased alive on Dec 10, 1951, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Albert J Hocker	M.D.	2302 Edmondson Ave	Dec 11, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-13-51	Mt. Olivet	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 12-51	Lee Kieffer	Geo. L. Schwab	2101 Frederick Ave. Balto. Md.

DUPLICATE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11:14

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS/A15

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 163 Conduit

3. NAME OF DECEASED (Type or Print): First Eliza (Middle) Virginia (Last) Denver
4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 1951

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 11-17-1870
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Annapolis Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Thomas Denver
14. MOTHER'S MAIDEN NAME: Mary Hemsbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Mrs Hallie Bennett Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) (Terminal) Broncho Pneumonia — Interval between onset and death: 4 days

492 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Virus Type Respiration Infection — about 3 wks

(c) Endocarditis — about 3 wks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 28, 1951, to Dec 17, 1951, that I last saw the deceased alive on Dec 17th, 1951, and that death occurred at 1:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. Oliver Purvis M.D. Annapolis Maryland 12-18-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
12-20-51 | St Agnes | Annapolis | Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS
Dec. 20, 1951 | [signature] | John W. Sayler Son Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft Geo G. Meade — LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS United States Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Altoona
STREET ADDRESS (If rural, give location) 509 5th Ave

3. NAME OF DECEASED (Type or Print): (First) BABY (Middle) BOY (Last) De RENZO

4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant

8. DATE OF BIRTH: 27 Dec 1951

9. AGE last birthday: yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours 1 — Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis De Renzo

14. MOTHER'S MAIDEN NAME: Anna Margaret Pote

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Louis De Renzo (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ruptured encephalocoele, cleft lip, probable internal abnormalities

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity (approximately 6½ mos. gestation)

(c)

INTERVAL BETWEEN ONSET AND DEATH

751X
1512

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ////////// 19//// to ////////// 19////, that I last saw the deceased alive on 27 Dec, 19 51, and that death occurred at 2013 hrs. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles R. Sempsel, Capt., M.C. USA Hospital Ft Geo G Meade, Maryland

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 28 Dec 51

NAME OF CEMETERY OR CREMATORY: Post Cemetery

LOCATION (City, town, or county) (State): Ft Geo G Meade, Md.

DATE REC'D BY LOCAL REG. 27 Dec 51

REGISTRAR'S SIGNATURE: PAUL W. MITCHELL, Capt., MSC

24. FUNERAL DIRECTOR: T. M. ANDRYSIAK, Chap Corp Major USA — ADDRESS

RECEIVED
JAN 2. 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1316

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A. A. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jacobville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jacobville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) [illegible] (Last) Douglas

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar.

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General laborer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Somerset Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Douglas

14. MOTHER'S MAIDEN NAME: Lizzie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mary Douglas (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval Between Onset and Death: 10 days

420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) generalized arteriosclerosis — 2 years

940 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1949, to Dec. 13, 1951, that I last saw the deceased alive on Dec. 13, 1951, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

SIGNATURE: R. M. McLaughlin (Degree or title) M.D. ADDRESS: Pasadena, Md. DATE SIGNED: Dec. 13, 1951

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: Dec. 16, 1951 — NAME OF CEMETERY OR CREMATORY: Metropolitan — LOCATION (City, town, or county) (State): Jacobville, Md.

DATE REC'D BY LOCAL REG.: Dec 17, 1951 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: J. Johnson — ADDRESS: Annapolis, Md.

VS. A16

RECEIVED
DEC 13 1951
ROOM V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MACHINE INSERTED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ft. Meade Army Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio — COUNTY Saioto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Boston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Marta (Middle) Jean (Last) Dresden

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 1951

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: 31 Dec '51 — 9. AGE last birthday: 0 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours 11 Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paul Daniel Dresden — 14. MOTHER'S MAIDEN NAME: Dorothy Jean Kenney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Mother — General Delivery New Boston, Oh.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity (26 wks.)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio - Resp. failure

(c)

INTERVAL BETWEEN ONSET AND DEATH: approx. 12 hrs.

7747 / 159

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 Dec., 1951, to 31 Dec., 1951, that I last saw the deceased alive on 31 Dec., 1951, and that death occurred at 9:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
LAWRENCE N. D'ELIA, JR., M.D. Ft. Meade Army Hosp.
Lawrence N. D'Elia Jr M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3 Jan 52 — NAME OF CEMETERY OR CREMATORY: Post Cemetery — LOCATION (City, town, or county) (State): Ft. Geo. G. Meade, Md.

DATE REC'D BY LOCAL REG.: 8 Jan 52 — REGISTRAR'S SIGNATURE: PAUL W. MITCHELL, Capt. MSC — 24. FUNERAL DIRECTOR ADDRESS: Ft. Meade, Md. Rowland C. Adams, Capt., (Chap Corps USA)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11718

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown — LENGTH OF STAY (in this place) 33 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riverview Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) R.D. [illegible]

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELIZA	BOND	DUKE	12	31	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	W	1/4/1865	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Maryland	USA

13. FATHER'S NAME: JAMES DUKE
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	Philip Bruins - Annapolis, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardiovascular Disease — [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) — —
(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		

22. I hereby certify that I attended the deceased from March, 1949, to Dec, 1951, that I last saw the deceased alive on 29 Dec, 1951, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE: Philip Bruins (Degree or title) M.D. ADDRESS 212 Prince George St, Prince Frederick, Md DATE SIGNED 4 Dec 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 2, 1952	St. Paul's Cem.	Prince Frederick	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 1, 1952	H. W. Ward, Wm. J. French	A. A. Harkness & Son	Mutual, Md

C 7 5 - 84

RECEIVED
JAN 10 19
BUREAU V. S.

CH
COPY SENT TO LOCAL REGISTRAR No.____DATE 9/10/17

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS UNITED STATES ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Ohio COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adena
STREET ADDRESS (If rural, give location) - -

3. NAME OF DECEASED (Type or Print): (First) NORMAN (Middle) BRUCE (Last) DUNNAN

4. DATE OF DEATH: (Month) DECEMBER (Day) 5 (Year) 51

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 23 August 1914
9. AGE last birthday: 37 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: US Army
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Walter B. Dunnan
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Louisa W Dunnan (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] ? [illegible] - 3 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

825.5
Mng

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) Hiway # 301
(CITY OR TOWN) Near Glen Bernie
(COUNTY) Anne Arundel
(STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) [illegible] p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible] and that death occurred at 12:45 p.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10 Dec 51
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: 5 Dec 51
REGISTRAR'S SIGNATURE: [illegible] PAUL F. MCCELL, Capt., MSC
24. FUNERAL DIRECTOR: Earl B. Wolverton, Inc
ADDRESS: Balto, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 9 FilmG137 1/7/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Aru del
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 55 East Street

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) (Last) ECONOMY

4. DATE OF DEATH: (Month) DECEMBER (Day) 25, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ?

8. DATE OF BIRTH: ? ? 1881

9. AGE last birthday: 70 ~~60~~ ? yrs.

If under 1 year: Months ? Days ?

If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Gresse

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ?? (If yes, give war or dates of service) ???

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemmhage	12.25
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis Generalized	unknown
82d	(c) Hyper tension	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1951, to Dec 25, 1951, that I last saw the deceased alive on Dec 25, 1951, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE: George C. Basil (Degree or title) M.D ADDRESS: Annapolis Md DATE SIGNED: 12.26.51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-28-51

NAME OF CEMETERY OR CREMATORY: Greek Cemetery

LOCATION (City, town, or county) (State): Parole, Maryland

DATE REC'D BY LOCAL REG.: Dec. 27, 1951

REGISTRAR'S SIGNATURE: M. Trench

24. FUNERAL DIRECTOR: B.L. Hopping and Son ADDRESS: Annapolis, Md.

RECEIVED
DEC 28 1951
BUREAU V. S.

Item 7 Fil C137 1/7/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: nr Jessup
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dorsey Road and Stony Run Camp Meade Road between

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1016 N. Bentalou Street

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) (Last) EICHNER

4. DATE OF DEATH: (Month) December (Day) 20, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: March 6-1905

9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 22 Years U.S. Army

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Eisenburg Austria

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 22 years

16. SOCIAL SECURITY NO.: 216-30-8423

17. INFORMANT: Mrs J Unger 961 Wyandotte St Bethlehem Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wound of the head

976 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

164 c (c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: street

CITY OR TOWN: Stony Run, Anne Arundel County (STATE)

Camp Meade Road between Dorsey Road and

TIME OF INJURY (Month) (Day) (Year) (Hour): 1:00A.M. 12/20/51

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Firearms

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: R H Fisher (Degree or title) MD — ADDRESS: 700 Fleet Street, Balto. 2, Md. — DATE SIGNED: 12/21/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan 2-1952 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery — LOCATION (City, town, or county) (State): Frederick Md

DATE REC'D BY LOCAL REG.: 1/2/52 — REGISTRAR'S SIGNATURE: a W Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Earl B Wolverton Funeral Home Inc 403 E. 25th St Balto-18-Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater, Md.
STREET ADDRESS (If rural, give location) South River and Main Rds.

3. NAME OF DECEASED (Type or Print): (First) FREDRICH (Middle) (Last) ESSIG

4. DATE OF DEATH: (Month) 12 (Day) 19 (Year) 1951

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 6-11-73

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED - Salesman Seeds & Spices

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: UNKNOWN-

14. MOTHER'S MAIDEN NAME: UNKNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: CHARLES ESSIG - NEPHEW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac dilatation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerotic Heart Disease & Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH: 10 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: NONE

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15, 1950, to 12-19, 1951, that I last saw the deceased alive on 12-17-, 1951, and that death occurred at 12 00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Vincent Gould M.D. MAYO MD-7-6

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12/21/51

NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.

LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: 12/20/51

REGISTRAR'S SIGNATURE: C W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Wm. J. Schaefer & Son Baltimore, Md.

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977

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11723

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millersville, Md.; MARYLAND; LENGTH OF STAY (in this place): 39 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crain Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millersville (Rural); STREET ADDRESS (If rural, give location): Crain Highway

3. NAME OF DECEASED (Type or Print): (First) V. (Middle) Augusta (Last) Feuerhardt

4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec. 25. 1877

9. AGE last birthday: 74 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Julius Freiherr

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: William F. Feuerhardt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Arterio sclerosis — Interval Between Onset and Death: 4 years

450.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

97 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December, 1947, to 12/25, 1951, that I last saw the deceased alive on 12/22/51, 19....., and that death occurred at 7:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Gustave H. Feuerhardt M.D. ADDRESS: Glen Burnie, Md. DATE SIGNED: 12/27/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec. 28/1951

NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem.

LOCATION (City, town, or county) (State): Brooklyn N.F.D. Md.

DATE RECD BY LOCAL REG.: 12/27/51

REGISTRAR'S SIGNATURE: L. J. D'Alba

24. FUNERAL DIRECTOR: R. V. Singleton ADDRESS: Glen Burnie

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11124

Reg. Dist. No. 14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasadena P. O. — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rock Hill Beach

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) L. (Last) Foster

4. DATE OF DEATH: (Month) I2 (Day) I4 (Year) 51

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: 6 I9 I895 — 9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter — 10b. KIND OF BUSINESS OR INDUSTRY: Self Employed — 11. BIRTHPLACE (State or foreign country): Pennsylvania — 12. CITIZEN OF WHAT COUNTRY? U. S.A.

13. FATHER'S NAME: Alvah A. Foster — 14. MOTHER'S MAIDEN NAME: Hettie Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): I918 — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS: Mrs. Myrtle Foster (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

420,1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Rowland H. Lambdin M.D. Assistant Deputy Medical Examiner — ADDRESS: Glen Burnie Md. — DATE SIGNED: 12/14/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: I2 I7 5I — NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery — LOCATION (City, town, or county) (State): A. A. County, Maryland.

DATE REC'D BY LOCAL REG. 12/15/51 — REGISTRAR'S SIGNATURE: L. E. McAlbee

24. FUNERAL DIRECTOR — ADDRESS: Wm Cook Inc. I2I7 St. Paul St.

510-246

11725

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 71

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 13 Morris St.

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Vernell (Last) Fowler Jr.

4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1957

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 2, 1913

9. AGE last birthday: 38 yrs. If under 1 year: Months 2, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Working with Building Contractor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Roanoke Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank V. Fowler Sr.

14. MOTHER'S MAIDEN NAME: Bessie Barlow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Bessie Diggs, 13 Morris St Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset and Death: 12 hrs.

331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/18/, 195..., to 12/18/, 1957, that I last saw the deceased alive on 12/18/, 1957, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank M. Shipley, MD — 63 College Ave Annapolis 12/20/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 21, 57

NAME OF CEMETERY OR CREMATORY: National Cemetery

LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REG.: 12-21-57

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR ADDRESS: D. B. Johnson

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]26

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ■g■ is especially important. Physicians: ple■se write the caus■ of death clearly ■nd legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS South River Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
STREET ADDRESS (If rural, give location) South River Rd

3. NAME OF DECEASED: (Type or Print) (First) ISABELLA (Middle) C (Last) FOWLER

4. DATE OF DEATH: (Month) December (Day) 7, (Year) 19 51

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Dec. 25, 1878	72 yrs.	11	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House wife	own home	Edgewater, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Danial Duvall	Betty Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no — no	none	Mr. JosephO.H. Fowler Edgewater, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) generalized carcinomatosis DUE TO	1 yr.
170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last 50	(b) Carcinoma of breast (Scirrhous) DUE TO	5 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Gen. arteriosclerosis & hypertension

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
1941	Scirrhous Ca of breast	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1941, ~~10~~, to 12/7, 19 57, that I last saw the deceased alive on 12/6, 19 57, and that death occurred at 10:25 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
J Bowsund	M.D	Annapolis Md	12/8/57

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-10-51	Edwards Chapel Cemetery	Parole, Anne Arundel, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 10, 1951	Edward Collmon	Ben L. Hopping and Son	Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL (Nutwell); LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL (Nutwell); STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Susanah (Middle) Jane (Last) Franklin

4. DATE OF DEATH: (Month) 12 (Day) 12 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7/28/59

9. AGE last birthday: 92 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Paddy

14. MOTHER'S MAIDEN NAME: Priscilla Hardesty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Robert Franklin (son) Nutwell, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	5 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) intra arterial	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/4, 1940, to 12/12, 1951, that I last saw the deceased alive on 12/12, 1951, and that death occurred at 10:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Howard Owens M.D. ADDRESS Tipperville Landing, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/15/51

SIGNATURE OF EMBALMER (If embalmed): Not Embalmed

CEMETERY OR CREMATORY LOCATION (City, town, or county) (State): Ritchie Meml. Upper Marlboro, Md.

DATE REC'D BY LOCAL REG.: Dec 13-1951

REGISTRAR'S SIGNATURE: Edna F. Hollis

24. FUNERAL DIRECTOR ADDRESS: J. Leslie Kent

VS. A15

DEC 23 1931

BUREAU U. S.

11728

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: A. A. Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Emergency Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
STREET ADDRESS (If rural give location): Marley Ave. near Furness Br. Rd.

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) E. (Last) FURNESS
4. DATE OF DEATH: (Month) Dec. (Day) 12, (Year) 19 51

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 16, 1868
9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer (rtd)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alexander W. Furness
14. MOTHER'S MAIDEN NAME: Maria H. Phoebus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Annie E. Chelf - 1809 Park Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) coronary heart disease — 5 days.

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) generalized arteriosclerosis

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-7, 19 5?, to 12-12, 19 5?, that I last saw the deceased alive on 12-11, 19 5?, and that death occurred at 11:35 A. m., from the causes and on the date stated above.

SIGNATURE: South Poellot — (Degree or title) M.D. — ADDRESS: 42 State Circle Annapolis Md. — DATE SIGNED: 12-12-5?

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12/15/51 — NAME OF CEMETERY OR CREMATORY: All Saints Cem. — LOCATION (City, town or county) (State): Near Princess Anne, Md.

DATE REC'D BY LOCAL REG.: 12/13/51 — REGISTRAR'S SIGNATURE: a w Hedrick — 24. FUNERAL DIRECTOR — ADDRESS: H. M. J. Vickers & Sons Balto 17, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11729

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 33 Southgate Ave

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Isemann (Last) Filmore
4. DATE OF DEATH: (Month) 12 (Day) 27 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	White	Married	2-13-1889	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Washington D C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Isemann
14. MOTHER'S MAIDEN NAME: Alice Phelps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Capt. Morris D. Filmore USN. Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	18 hrs.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis - Cardio-Vascular	2 yrs.
	(c) Disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 1 1 ..., 19 50, to 12 27 ..., 19 51; that I last saw the deceased alive on 12 27 ..., 19 51, and that death occurred at 9:10 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert H. Isemann MD Annapolis Md 12/27/51.

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State)

12-30-51 | Cedar Bluff | Annapolis | Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Dec. 30, 1951 | M. E. Church | John W. Taylor Sons | Annapolis Md.

Dr Bowerman

11730

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 Claude St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Annapolis
STREET ADDRESS (If rural, give location) 103 Claude St.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) E. (Last) Gray

4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec 15-1870

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Calvert Co Md

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: Virgil C Carr

14. MOTHER'S MAIDEN NAME: Mary P. Howes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wilson Gray Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Gen. carcinomatosis	8 mos
170 X 50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Carcinoma of breast	3 yrs
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of breast

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Dec 8, 1951, that I last saw the deceased alive on Dec 8, 1951, and that death occurred at 10 30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): J Bowerman M.D ADDRESS: Annapolis Md DATE SIGNED: 12/10/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 12-11-51 | NAME OF CEMETERY OR CREMATORY: St Mary's | LOCATION (City, town, or county) (State): Annapolis Md.

DATE REC'D BY LOCAL REG.: Dec. 10, 1951 | REGISTRAR'S SIGNATURE: W C Bowerman | 24. FUNERAL DIRECTOR ADDRESS: John M. Taylor Son Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 18 Film G139-1-25-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

11731

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Green Haven, Pasadena
LENGTH OF STAY (in this place): 4 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Outing Ave. (near XV St.)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Green Haven, Pasadena
STREET ADDRESS (If rural, give location): IX Street

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) Norman (Last) Griffin

4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 19-I95I

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5/I5/30

9. AGE Last birthday: 2I yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Army (soldier)

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Francis Paul Griffin

14. MOTHER'S MAIDEN NAME: Adrienne E. Jubb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes Camp Chaffee, Arkansas.

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Francis Paul Griffin, (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carbon Monoxide Poisoning (suicide) — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Motor Vehicle exhaust (1-23-52 ams)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Woods
(CITY OR TOWN) (COUNTY) (STATE): Green Haven, Pasadena, A.A. Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): I2/29/5I I A. m.
INJURY OCCURRED While at work ☐ Not while at work [X]
HOW DID INJURY OCCUR?: Self Inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [X], Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [X], homicide [ ], undetermined [ ].*

SIGNATURE (Degree or title): Asst. Deputy Med. Examiner
ADDRESS: Glen Burnie Md.
DATE SIGNED: I2/30/5I

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Jan 2-52
NAME OF CEMETERY OR CREMATORY: Holy Cross
LOCATION (City, town, or county) (State): Ritchie Hwy AA Co. Md

DATE REC'D BY LOCAL REG.: 12/31/51
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Bernard G. Linde
ADDRESS:

VS-ATSA

MARYLAND STATE DEPARTMENT OF HEALTH

11732

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY ... MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...; LENGTH OF STAY (In this place) ...; HOSPITAL OR INSTITUTION OR STREET ADDRESS ...

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ... COUNTY ...; CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN ...; STREET ADDRESS (If rural, give location) ...

3. NAME OF DECEASED (Type or Print): (First) ... (Middle) ... (Last) ...

4. DATE OF DEATH: (Month) ... (Day) ... (Year) 1951

5. SEX ...

6. COLOR OR RACE ...

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ...

8. DATE OF BIRTH ...

9. AGE: Last birthday ... yrs. If under 1 year: Months ... Days ... If under 24 hrs: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ...

10b. KIND OF BUSINESS OR INDUSTRY ...

11. BIRTHPLACE (State or foreign country) ...

12. CITIZEN OF WHAT COUNTRY? ...

13. FATHER'S NAME ...

14. MOTHER'S MAIDEN NAME ...

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ...

16. SOCIAL SECURITY NO. ...

17. INFORMANT AND ADDRESS ...

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ...

929.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ...

183 (c) ...

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ... 19b. MAJOR FINDINGS OF OPERATION ... 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ... (CITY OR TOWN) ... (COUNTY) ... (STATE) ...

TIME OF INJURY (Month) 12 (Day) 18 (Year) 51 (Hour) ... m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? ...

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ... ADDRESS ... DATE SIGNED ...

23. BURIAL, CREMATION REMOVAL (Specify) ... DATE THEREOF 12-21-51 ... NAME OF CEMETERY OR CREMATORY Fayne Mem. ... LOCATION (City, town, or county) Wash. ... (State) DC

DATE REC'D BY LOCAL REGISTRAR 12-19-51 ... REGISTRAR'S SIGNATURE Clara Haslup ... 24. FUNERAL DIRECTOR J. J. Stewart ... ADDRESS 30 H NE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45A

1. PLACE OF DEATH: COUNTY ... MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ... LENGTH OF STAY (In this place) ...; HOSPITAL OR INSTITUTION OR STREET ADDRESS ...

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...; STREET ADDRESS ... (If rural, give location)

3. NAME OF DECEASED (Type or Print) ... (First) ... (Middle) ... (Last)

4. DATE OF DEATH (Month) ... (Day) ... (Year) 19...

5. SEX ...

6. COLOR OR RACE ...

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ...

8. DATE OF BIRTH 7/11/1907

9. AGE Last birthday 44 yrs. If under 1 year: Months ... Days ... If under 24 hrs: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ...

10b. KIND OF BUSINESS OR INDUSTRY ...

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME ...

14. MOTHER'S MAIDEN NAME ...

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ...

16. SOCIAL SECURITY No. ...

17. INFORMANT AND ADDRESS ...

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ... Interval between onset and death ...

420 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ...

(c) ...

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ...

19a. DATE OF OPERATION ...

19b. MAJOR FINDINGS OF OPERATION ...

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ... (CITY OR TOWN) ... (COUNTY) ... (STATE) ...

TIME OF INJURY (Month) ... (Day) ... (Year) ... (Hour) ... m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? ...

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE ... (Degree or title) ... ADDRESS ... DATE SIGNED 1/3/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 1-2-1952; NAME OF CEMETERY OR CREMATORY Hopewell; LOCATION (City, town, or county) (State) PortDeposit, Md. Rural

DATE REC'D BY LOCAL REG. Dec 31, 1951; REGISTRAR'S SIGNATURE Ida M. Daugherty; 24. FUNERAL DIRECTOR Ira A. Patterson & Son; ADDRESS Perryville, Md.

Please - 2, 1907 - [illegible] - Perryville, Md.

DATE of Birth Film 6449 ss
NAME at Birth 1 2 12

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade | LENGTH OF STAY (In this place) 14 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina — COUNTY Warren
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warrenton
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) BLANCHE (Middle) FOOTE (Last) HALL
4. DATE OF DEATH: (Month) DECEMBER (Day) 8 (Year) 19 51

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 12 March 1892
9. AGE last birthday: 59 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Foote
14. MOTHER'S MAIDEN NAME: Minnie Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs W.A. Samouce (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Infarction, myocardium

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 940 (b) Coronary arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 19 50 to 7 Dec, 19 51, that I last saw the deceased alive on 7 Dec, 19 51 and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
FRANCIS M. FITTS, Colonel, M.C. USA Hospital, Ft Meade, Md 10 Dec 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12-11-51 | NAME OF CEMETERY OR CREMATORY: Kerr-Foote Family | LOCATION (City, town, or county) (State): Warrenton North Carolina

DATE REC'D BY LOCAL REG. 10 Dec 51 | REGISTRAR'S SIGNATURE: PAUL W. MITCHELL, Capt., MSC | 24. FUNERAL DIRECTOR: Donaldson Funeral Home | ADDRESS: Laurel, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1135

Reg. Dist. No. 7C

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (In this place): 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 529 Wilson St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Eddie		Hall	12	18	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Married	1903	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: sink.
11. BIRTHPLACE (State or foreign country): New Orleans
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Herbert Hall
14. MOTHER'S MAIDEN NAME: Dorothy Maby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) General Paresis	2/17/47
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Known to us since adm. 2/17/47
30 Y-	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 17, 1947, to Dec. 18, 1951, that I last saw the deceased alive on Dec. 18, 1951, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Crownsville, Maryland DATE SIGNED: 12/18/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	12/26/51	University Med School	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/26/51	[signature]	Frances A Hemsley	578 W Baltimore St

MARYLAND STATE DEPARTMENT OF HEALTH

11736

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riva
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sylvian Shores

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riva
STREET ADDRESS (If rural, give location) Sylvian Shores

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	HUNTER	HARDESTY	DECEMBER 23, 51 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 9, 1910	41 yrs.	7	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	House Building	Anne Arundel County, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wilfred Hardesty	Linda Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No no	218-12-9817	Mrs Helen May Hardesty Riva, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Burns of entire body

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

916.D
180

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☓ OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	at home	Riva	A. A.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☓	HOW DID INJURY OCCUR?
Dec. 23 1951 10 P.M.		Fire in Bed when he was asleep

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☓, Inquiry ☓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ☓, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Claffy M.D. Deputy Medical Examiner Annapolis Md 12/26/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-26-51	Cedar Bluff Cemetery	Annapolis, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 26, 1951	W. D. French	Ben L. Hopping and Son	Annapolis, Md.

510-246

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 57 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 196 Prince George St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis,
STREET ADDRESS (If rural, give location) 196 Prince George St

3. NAME OF DECEASED: (Type or Print) (First) LENA (Middle) H (Last) HARMAN

4. DATE OF DEATH: (Month) (Day) (Year) December 24, 51 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	White	Widowed	Feb 18, 1877	74 yrs.	10	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House wife	own home	Anne Arundel County, Md	USA

13. FATHER'S NAME: John F. Meade

14. MOTHER'S MAIDEN NAME: Elizabeth Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No		Mrs. R. Dudley Layden 196 Prince Gee. St Annapolis, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Dilatation of the Heart	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis - Cardiac Vascular	1 yr
	DUE TO (c) Disease	

422.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1 19[illegible], to 12/24 19 51, that I last saw the deceased alive on 12/24/51 19....., and that death occurred at 11:40 m., from the causes and on the date stated above.

SIGNATURE Albert A. Anderson (DEGREE OR TITLE) MD ADDRESS Annapolis, Md DATE SIGNED 12/24/51

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-27-51	All Hallows Chapel	Birdsville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 27, 1951	[signature]	B.L.Hopping and Son	Annapolis, Maryland

VS. A15 8-51

RECEIVED
DEC 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galesville
LENGTH OF STAY (in this place) Lyrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galesville
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Rebecca (Last) Hamilton
4. DATE OF DEATH: (Month) Dec. (Day) 7 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed.
8. DATE OF BIRTH: Jan 14 1868
9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jas. Foster
14. MOTHER'S MAIDEN NAME: Ellen Brown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Robert Mason - Galesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Infarction

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

14a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6th, 1950, to Dec. 7th, 1951, that I last saw the deceased alive on Dec. 7th, 1951, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Clarence Lynn Grant M.D. Shady Side, Md. Dec. 7th 51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE Dec. 9 1951 NAME OF CEMETERY OR CREMATORY Englemen Methodist Church LOCATION (City, town, or county) (State) Englemen's Island, Md

DATE REC'D BY LOCAL REG. Dec 8. 51 REGISTRAR'S SIGNATURE J. B. Went.

24. FUNERAL DIRECTOR ADDRESS T. A. Hardesty & Son Galesville Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct a[illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

11739

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (In hospital) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore - 11
STREET ADDRESS 3736 Roland Ave (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) J. (Last) HEINE
4. DATE OF DEATH: (Month) Dec. (Day) 1 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 5, 1888
9. AGE: Last birthday 63 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofer
10b. KIND OF BUSINESS OR INDUSTRY: Roofing Co
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Henry Heine
14. MOTHER'S MAIDEN NAME: Phillepine Damme
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-05-7383
17. INFORMANT AND ADDRESS: Frank K. Heine, 3232 Dudley Av. Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushed right chest - Internal injuries

812.5 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractures of Skull, right forearm and both legs — sudden

1503 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING — PLACE OF INJURY (Home, farm, factory, street, etc.) Highway — (CITY OR TOWN) near Earleigh Heights — (COUNTY) A.A. — (STATE) Md
TIME OF INJURY (Month) Dec. (Day) 1 (Year) 1951 (Hour) 5:45 p.m. — INJURY OCCURRED While at work ☐ Not while at work X — HOW DID INJURY OCCUR? Hit by Automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
John M. Caffy M.D. - Deputy Medical Examiner, Annapolis Md — 12/1/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 5-1951 — NAME OF CEMETERY OR CREMATORY: Lorraine Park — LOCATION (City, town, or county) (State): Baltimore Co. Maryland

DATE REC'D BY LOCAL REG. 12-3-51 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS
Burgee Funeral Home — 3231 Penna Ave
12-5-51 — Horace P. Burgee

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gambrills Post Office
STREET ADDRESS (If rural, give location) Defence Highway

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) ANDREW (Last) HOLDZKOM

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 17, 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 28, 1876

9. AGE last birthday: 75 yrs. — If under 1 year: Months 4, Days 19, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Sharp and Dohme Co

11. BIRTHPLACE (State or foreign country): Girdletree Hill, Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Andrew Holdzkom

14. MOTHER'S MAIDEN NAME: Emma Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 163 09 8280

17. INFORMANT AND ADDRESS: Mrs Laura May Holdzkom Gambrills, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) cerebral Hemorrhage	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) hypertension	
	(c) generalized arteriosclerosis	10 years

231 X 71

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November, 19 51, to 12-17, 19 51; that I last saw the deceased alive on 12-17, 19 51, and that death occurred at 5:13 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Louis Rodier M.D.	12 State Circle Annapolis, Md.	12-17-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-20-51	Baldwin Memorial Cemetery	Millersville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 19, 1951	[signature]	B.L. Hopping and Son	Annapolis, Md.

VS. A 15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville; LENGTH OF STAY (In this place): 4 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore County; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City; STREET ADDRESS (If rural, give location): 118 S. Bond St. ✓

3. NAME OF DECEASED (Type or Print): (First) Willie (Middle) Kate (Last) Hugley

4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6/25/25

9. AGE last birthday: 26 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lung Tuberculosis — Interval Between Onset and Death: 8/30/51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Schizophrenia - Paranoid Type — Known to us since adm. 8/30/51

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour):

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 30, 1951, to Dec. 18, 1951 that I last saw the deceased alive on Dec. 18, 1951, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

SIGNATURE: Jacob Marquith M.D. (Degree or title) ADDRESS: Crownsville, Maryland DATE SIGNED: 12/18/51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 12/28/51 — NAME OF CEMETERY OR CREMATORY: Crownsville State Hosp — LOCATION (City, town, or county) (State): Crownsville, Md

DATE REC'D BY LOCAL REG.: Dec 28 — REGISTRAR'S SIGNATURE: K. M. Joyce

24. FUNERAL DIRECTOR: Jaco[illegible] — ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 817 N. Calhoun St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) E. (Last) Johnson

4. DATE OF DEATH: (Month) 12/21/51 (Day) (Year) 19

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 4/3/17

9. AGE last birthday: 34 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: not known

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service:

16. SOCIAL SECURITY NO.: [illegible]

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General Paresis — known since 12/17/51

1 5X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

2 h (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 12/17/51, 19....., to 12/21/51 19....., that I last saw the deceased alive on 12/21/51, 19....., and that death occurred at 10:45 A.M., from the causes and on the date stated above.

SIGNATURE: Jos. Mayerstein M.D. (Degree or title) ADDRESS: Crownsville, Md. DATE SIGNED: 12/21/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-26-51 — NAME OF CEMETERY OR CREMATORY: Mt Auburn — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 12-27-51 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: George L. Kelson — ADDRESS: 1303 Presstman St

Item 8 Film 6137 1/2/52 mhw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11743

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn P.O.
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5738 Johnson St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NR Brooklyn Park
STREET ADDRESS (If rural, give location) 14 E Short St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Helen	Teresa	Krug	Dec	17	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W	Married	[illegible] 03	47 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	[illegible]	Penna.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
[illegible] DeDerian	Louise Wormeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Inflammatory obstruction of	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Breasts, 2dary to Ca of Breast;	
	(c) Generalized metastasis; Cachexia	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 2, 1951, to Dec 17, 1951, that I last saw the deceased alive on Dec 10, 1951, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] MD — ADDRESS 4016 Ritchie Hwy — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 20 1951	Holy Cross Cem	Anne Arundel Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/19/51	[signature]	Gantt & Lyons	4001 Ritchie Hwy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AN 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH
COUNTY Anne Arundle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Geo. G. Meade
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ft. Geo. G. Meade, Hosp, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville, Md.
STREET ADDRESS (If rural, give location) 702 Greenwood Rd.

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) (Last) Kaiss

4. DATE OF DEATH: (Month) DEC. (Day) 1 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: 26 June 00

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Thomas Wilkinson

14. MOTHER'S MAIDEN NAME: Carmina Kroft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive cardio vascular renal disease

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Nov., 1951, to 1 Dec., 1951, that I last saw the deceased alive on 30 Nov., 1951, and that death occurred at 0650 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORY: Meadow Ridge

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 1 Dec 51

REGISTRAR'S SIGNATURE: PAUL W. MITCHELL, Capt., MSC

24. FUNERAL DIRECTOR: Earl E. Wolverton, Inc, Balto, Md. ADDRESS

DEC 26 1951

BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FORCE RESERVED FOR NUMBERING

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (In this place): 10 yrs. 11 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Vernon		Kane	12	28	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Single	1901?	50? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	- - -	Maryland	U. S.

13. FATHER'S NAME: Louis Kane
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): - -
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Adenocarcinoma of the colon sigmoideum	Known to us for 6 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Multiple metastases

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - -	- - - -	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
- -	- - -	-	-	-

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
- -	- -		m.		- - - - -

22. I hereby certify that I attended the deceased from 10/13, 1941 to 12/28, 1951, that I last saw the deceased alive on 12/28, 1951 and that death occurred at 6:10 a.m., from the causes and on the date stated above.

SIGNATURE: Acc' Arundel M.D. (Degree or title) — ADDRESS: Crownsville, Md. — DATE SIGNED: 12/28/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 17, 1951	Crownsville Cem.	Crownsville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-18-52	K. M. Joyce	Harp.	

RECEIVED
BUREAU V. S.

11746

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - GLEN BURNIE — LENGTH OF STAY (in this place) 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ROUTE 1 BOX 115

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. — COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL GLEN BURNIE
STREET ADDRESS (If rural, give location) ROUTE 1 BOX 115

3. NAME OF DECEASED (Type or Print): (First) TILLIE (Middle) PELAGIA (Last) KATOSKI

4. DATE OF DEATH: (Month) DEC. (Day) 10 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: UNKNOWN

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEHOLD

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): POLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: ROSE KATOSKI, ROUTE 1 BOX 115, GLEN BURNIE P.O. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure — Interval between onset and death: 2 hrs.

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

94a (c) Hypertensive cardiovascular disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Glen Burnie, Md. DATE SIGNED 12-13-51

23. BURIAL CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12/13/51 — NAME OF CEMETERY OR CREMATORY: Glen Haven — LOCATION (City, town, or county) (State): Anne Arundel Co., Md.

DATE REC'D BY LOCAL REG. 12-14-51 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: M.F. Sadowski & Sons, ADDRESS 1808 Eastern Avenue

[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Ft. Meade, LENGTH OF STAY (in this place) Patient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 602 - Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va. COUNTY Dickenson.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) (city) Steinman

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) L. (Last) Veith
4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 19 51
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 11-11-27
9. AGE last birthday 24 yrs. If under 1 year: Months / Days / If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier (Soldier)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frederick Veith
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Injured in auto accident — Hours
170 C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 602 (CITY OR TOWN) Kausee (COUNTY) U-A. (STATE) Md.
TIME OF INJURY (Month) 12 (Day) 20 (Year) 51 (Hour) 2:30 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile collision.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE GUSTAVE H. FAUBERT, MD (Degree or title) ADDRESS DATE SIGNED 12/22/51

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 20 Dec 51
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)

DATE RECD BY LOCAL REG. 20 Dec 51
REGISTRAR'S SIGNATURE Paul W. Mitchell
PAUL W. MITCHELL, Capt., MSC

24. FUNERAL DIRECTOR Earl B. Wolverton, Inc. ADDRESS Baltimore, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) 12 (Day) 11 (Year) 19 57

5. SEX: [illegible]

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): [illegible]

8. DATE OF BIRTH: [illegible] 19

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): [illegible]

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) [illegible] | (COUNTY) [illegible] | (STATE) [illegible]

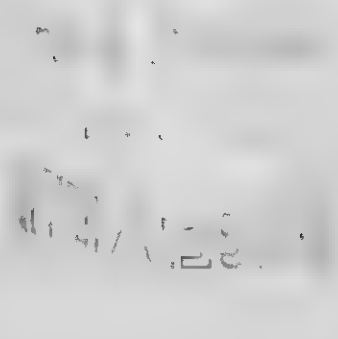
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19-56, 19..., to 12-19-57, 19..., that I last saw the deceased alive on 12-18-57, 19..., and that death occurred at 6 40 P m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M D ADDRESS 10 Cross DATE SIGNED 12-21-57

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible] | DATE THEREOF 12-23-57 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. 12-21-57 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] | ADDRESS [illegible]



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1749

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-715A

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS; LENGTH OF STAY (In this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS ANNE ARUNDEL GENERAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GAMBRILLS
STREET ADDRESS (If rural, give location) DEFENCE HIGHWAY

3. NAME OF DECEASED (Type or Print): (First) MELVIN (Middle) ALFRED (Last) KISSER

4. DATE OF DEATH: (Month) DECEMBER (Day) 12, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 30, 1920

9. AGE last birthday: 31 yrs. If under 1 year: Months 5, Days 12; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Kisser

14. MOTHER'S MAIDEN NAME: Olga Harmel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: 578-12-3304

17. INFORMANT AND ADDRESS: Mrs Ethel Kisser, Gambrills, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Fracture of Base of Skull	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of Neck	3 days
	(c)	

E 2.5
170 e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route #301
(CITY OR TOWN) nr Gambrills (COUNTY) Anne Arundel (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) 12-9-51 9:11p m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Collided with trailer-truck which was backing onto highway

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) John M. Claffy MD Deputy Medical Examiner
ADDRESS Annapolis, Maryland
DATE SIGNED 12-12-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-15-51
NAME OF CEMETERY OR CREMATORY: Mt Oak Methodist Cemet.
LOCATION (City, town, or county) (State): Mitchelsville, , Maryland

DATE REC'D BY LOCAL REG. Dec. 14, 1951
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Ben L. Hopping and Son
ADDRESS: Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1750

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS (419 S. 2nd St.) 419 - 11 Street.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS [illegible] (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) Elizabeth (Last) Kopp, M.D.

4. DATE OF DEATH: (Month) Dec. (Day) 9 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 12/2/70
9. AGE last birthday: 81 yrs. If under 1 year: Months / Days / If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Valentine Hartman
14. MOTHER'S MAIDEN NAME: Eliza Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): [illegible]
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Lewis K. Kopp [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Sclerosis — Interval Between Onset and Death: 12 hrs

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral vascular disease — ?

420.1 94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy _, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident _, suicide _, homicide _, undetermined _.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] [illegible] [illegible] 12/14

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 12 (19)51
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem.
LOCATION (City, town, or county) (State): Brooklyn, Md.

DATE RECD BY LOCAL REG.: 12/10/51
REGISTRAR'S SIGNATURE: Dr. Hedrick DMK
24. FUNERAL DIRECTOR: A. Howard Evans
ADDRESS: 14005 Charles St Balto 30, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11751

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place) 8 D. A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jacobsville (PASADENA, P.O., MD)
STREET ADDRESS (If rural, give location) Mountain Rd

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) KREPPEL
4. DATE OF DEATH: (Month) DEC. (Day) 16 (Year) 1951
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: JAN. 29, 1905
9. AGE last birthday: 46 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Garage
11. BIRTHPLACE (State or foreign country): BALTIMORE Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: GEORGE KREPPEL
14. MOTHER'S MAIDEN NAME: IDA B. WILLIAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE.
17. INFORMANT AND ADDRESS: MRS. ANNA C. KREPPEL MOUNTAIN ROAD PASADENA, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis — unknown

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Craft M.D. Deputy Medical Examiner Annapolis Md. 12/16/51

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF DEC. 19, 1951 | NAME OF CEMETERY OR CREMATORY MT. CARMEL | LOCATION (City, town, or county) BALTIMORE (State) MD

DATE REC'D BY LOCAL REG. Dec 17 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR THOMAS W. SINGLETON | ADDRESS GLEN BURNIE, MD

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1752

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A. A. | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (in this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport | STREET ADDRESS (If rural, give location) 301 Fourth St.

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) (Last) KUEBLER

4. DATE OF DEATH: (Month) 12- (Day) 16- (Year) 1951

5. SEX: F | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: Sept 18-1881 | 9. AGE last birthday: 70 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Annapolis | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George Mitchell | 14. MOTHER'S MAIDEN NAME: Lina Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mr John A. Willson Brownsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 8 days

420.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 61 (b) Arteriosclerotic Heart Disease — Long

(c) with Generalized Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 3 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1 1951, to Dec 16, 1951, that I last saw the deceased alive on Dec 16, 1951, and that death occurred at 11 P m., from the causes and on the date stated above.

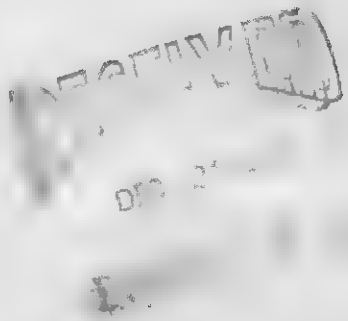
SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Geo C Bosic M. D. Dunkirk Md | 12-17-51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF 12-18-51 | NAME OF CEMETERY OR CREMATORY Cedar Bluff | LOCATION (City, town, or county) Annapolis | (State) Md.

DATE REC'D BY LOCAL REG. Dec. 18, 1951 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR John W. Taylor Son | ADDRESS Annapolis Md.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Be 1753

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY State Hospital Cromsville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place) 14 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Hospital Cromsville Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 1319 Argyle Avenue COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1319 Argyle Ave

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) — (Last) Meadows Jr
4. DATE OF DEATH: (Month) December (Day) 14th (Year) 1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	Colored		June 20 1932	25 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Contract.	Georgia	U.S.A.

13. FATHER'S NAME Richard Meadows
14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No None		Florence Meadows - 1319 Argyle Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Exhaustion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Schizophrenia	
300.7	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Jack Marquette M.D. (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-18-57	MT Calvary	Cedarhurst, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/18/57	A W Redmond	Rolph Hubbeat	918 Druid Hill Ave.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1951 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Annapolis — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS AA Co. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY A A'

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchton

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Morris (Middle) Maurice (Last) Madley

4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 19 51

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-8-50

9. AGE last birthday: 1 yr 6 days

IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Shadyside Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Horace Medley

14. MOTHER'S MAIDEN NAME: Mary Sims

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Horace Medley, Churchton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bilateral Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

490X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

108

(b) DUE TO

(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 14, 19 51, to Dec 14, 19 51, that I last saw the deceased alive on Dec 14, 19 51, and that death occurred at 6:40 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Elizabeth Freeland Trout M.D. 240 Prince George 12-19-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE INTERRED 12 Dec 51

NAME OF CEMETERY OR CREMATORY Union Chapel

LOCATION (City, town, or county) (State) McKendree, Md

DATE REC'D BY LOCAL REG. Dec. 20, 1951

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR T A Hardesty & Son — ADDRESS Galesville Md

VS. A15 8-51

RECEIVED
DEC. 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11755

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY A. A County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville — LENGTH OF STAY (In this place) 4 mos 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Hospital Crownsville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Arthur (Last) Miles

4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 1951

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 24 1879

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Somerset Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Miles

14. MOTHER'S MAIDEN NAME: Mary Myles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia (Acute) — Interval between onset and death: 1 mo 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — 450.0

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Jacob Marquardt M.D. — ADDRESS Crownsville Md — DATE SIGNED 12-30-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Jan 2-5-52 — NAME OF CEMETERY OR CREMATORY Wesley — LOCATION (City, town, or county) (State) Marion Somerset Co Md

DATE REC'D BY LOCAL REG. Dec. 30, 1951 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Charles H Wood — ADDRESS Marion Md

1-8-52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (In this place) 18 yr. 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newburg, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) Viola (Last) Minor
4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1912?
9. AGE last birthday: 39? yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - -
10b. KIND OF BUSINESS OR INDUSTRY: - - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Wes Mason
14. MOTHER'S MAIDEN NAME: Ella (Last name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -D- (If yes, give war or dates of service) - -
16. SOCIAL SECURITY NO. - - -
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Known to us since 10/2/[illegible]1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) - - -

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Mental Deficiency — Known to us since adm. 11/20/35

19a. DATE OF OPERATION - - - | 19b. MAJOR FINDINGS OF OPERATION - - - - - - | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - | (CITY OR TOWN) - | (COUNTY) - | (STATE) -

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? - - - -

22. I hereby certify that I attended the deceased from 10/13, 1941 to 12/31, 1951, that I last saw the deceased alive on 12/31, 1951, and that death occurred at 3:35 a.m., from the causes and on the date stated above.

SIGNATURE [signature] M.D. (Degree or title) — ADDRESS Crownsville, Maryland — DATE SIGNED 12/31/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 1-18-52 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

DEPOSITED
JAN
BUREAU V. S.

Item 18 Film G137 1-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21 — 1257

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A1

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; LENGTH OF STAY (in this place):; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7 College Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; STREET ADDRESS (If rural, give location): 7 College Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Jane (Last) Mobray

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: April 13 1878

9. AGE last birthday: 73 yrs. If under 1 year: Months: Days: If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): A. A. Co. Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James Harris

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Bertha Colbert. 7 College Ave, Annapolis.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probably Aortitis (1-7-52 ams)

3X 30d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN): Annapolis (COUNTY): A.A. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

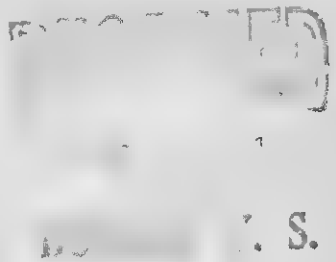
22. I hereby certify that I attended the deceased from 12-1-51, 19..., to 12-13-51, 19..., that I last saw the deceased alive on 12-13-51, 19..., and that death occurred at 11:15 p.m., from the causes and on the date stated above.

SIGNATURE: C. Allen (Degree or title) MD ADDRESS 10 Conrad DATE SIGNED 12-15-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Dec. 16 '51 NAME OF CEMETERY OR CREMATORY: Brewery Hill LOCATION (City, town, or county): Annapolis (State): Md.

DATE REC'D BY LOCAL REG.: Dec. 16, 1951 REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Annie A. Johnson ADDRESS: Annapolis, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24 — 58

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 10 years 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) (Last) Mongold
4. DATE OF DEATH: (Month) 12/23/51 (Day) (Year) 19

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ?
8. DATE OF BIRTH: ~~62~~
9. AGE last birthday: 62 ? yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): not known
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): W. Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: not known
14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) not known (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — known since 11/24/41

Antecedent cause (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, Paranoid Type " "

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 11/24/51, 19..., to 12/23/51, 19..., that I last saw the deceased alive on 12/23/51, 19..., and that death occurred at 8:25 P.M. m., from the causes and on the date stated above.

SIGNATURE: Joe A Bruenstein (Degree or title) M D
ADDRESS: Crownsville, Md.
DATE SIGNED: 12/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/4/52
NAME OF CEMETERY OR CREMATORY: Maryland Memorial Gardens
LOCATION (City, town, or county): Baltimore County (State): Md

DATE REC'D BY LOCAL REG.: Jan 4, 1952
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Frances G Hemsley
ADDRESS: 5716 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11059 21

Reg. Dist. No.....

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; MARYLAND; LENGTH OF STAY (In this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 87 Calvert street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY a.a. co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) 87 Calvert Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Josephine	Cornish	Moore	Dec.	3	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Widowed	1-29-1894	57 yrs.	10	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	none	Washington md.	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Henry Adams.	Sarah Jane Saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	none	Mrs. Estelle Cornish Moore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive vascular Disease with Congestive Failure

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-16-51, 19....., to 12-2-51, 19....., that I last saw the deceased alive on 12-1-51, 19....., and that death occurred at 4:05 A m., from the causes and on the date stated above.

SIGNATURE W. Allen (Degree or title) MD ADDRESS 10 Conduit DATE SIGNED 12-3-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 6, 1951	Brewer Hill Cemetery	Annapolis, md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-3-51	C	Williams Reese II	108 W. Washington St Annapolis, Maryland

Items 13,14 FilmG138 1/14/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (In this place) 23 yrs. 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Washington D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 3727 M St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Bertha (Middle) (Last) Mudd

4. DATE OF DEATH (Month) 12 (Day) 9 (Year) 1957

5. SEX F

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 4-18-96

9. AGE Last birthday 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Unk.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown George Reed

14. MOTHER'S MAIDEN NAME Unknown Jamie Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS District Training School records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 5 weeks

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
94a (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mental deficiency - imbecile — Life

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-23, 1946, to 12-9, 1957, that I last saw the deceased alive on 12-7, 1957, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE J. A. Alston, MD (Degree or title) ADDRESS D.T.S. Laurel Md DATE SIGNED 12-9-57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 10-57 — NAME OF CEMETERY OR CREMATORY D.T.S. Grd — LOCATION (City, town, or county) Laurel Rural (State) Md.

DATE REC'D BY LOCAL REG. Dec 9-57 — REGISTRAR'S SIGNATURE Maral Haslup — 24. FUNERAL DIRECTOR Officials of D.T.S. — ADDRESS Laurel Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11761

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 15th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park
STREET ADDRESS (If rural, give location) 103 15th Avenue

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Edward (Last) Murray

4. DATE OF DEATH: (Month) December (Day) 18, (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: May 23, 1878

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Edward Murray, Sr.

14. MOTHER'S MAIDEN NAME: Sarah Law

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) SAW

16. SOCIAL SECURITY NO. 218-01-6904

17. INFORMANT AND ADDRESS: Carrie B. Norfolk, 103 15th Avenue, Brooklyn Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	1 hour
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerotic heart disease	?
	(c) Acute pleurisy	2 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/17/51 19..... to 12/18/1951., that I last saw the deceased alive on 12/17/51 19....., and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry Deitel M.D. ADDRESS 1226 Hanover Street, DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: 12/20/51 | NAME OF CEMETERY OR CREMATORY: U. S. National Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 12/20/51 | REGISTRAR'S SIGNATURE: a W Hedrick

24. FUNERAL DIRECTOR: Wm. Cook Inc. ADDRESS: 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY—WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Broadwater Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold
STREET ADDRESS (If rural, give location) Broadwater Road

3. NAME OF DECEASED (Type or Print): (First) DEBORAH (Middle) LEE (Last) NACE

4. DATE OF DEATH: (Month) December (Day) 25 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov 24-51

9. AGE Last birthday yrs. | If under 1 year: Months 1 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): an. ar. co., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert V Nace

14. MOTHER'S MAIDEN NAME: Marion E. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Robert V Nace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

525X **Immediate cause** (a) Interstitial pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

1142 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

X Stanley B. Duncanson 700 Fleet St., Baltimore 2, Md. Dec. 26, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec 27-51 | NAME OF CEMETERY OR CREMATORY Glen Haven | LOCATION (City, town, or county) Glen Burnie (State) Md.

DATE RECD BY LOCAL REG. 12/27/51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Bernard A Fink ADDRESS

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11763

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 32 Johnson St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) 32 Johnson

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Virginia (Last) Parker

4. DATE OF DEATH: (Month) Dec (Day) 11 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Aug. 20, 1885

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): A. A. Co. Mt. Zion

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Johnson

14. MOTHER'S MAIDEN NAME: Nellie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: William Parker 32 Johnson St. Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary / Thrombosis

159X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

46mm (b)

(c)

Interval Between Onset and Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) Annapolis (COUNTY) AA (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20-57, to 12-11-57, 19..., that I last saw the deceased alive on 12-11-57, 19..., and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE: G. J. Allen (Degree or title) M.D. ADDRESS 10 Carroll DATE SIGNED 12-13-57

23. BURIAL CREMATION REMOVAL (Specify): Burial; DATE THEREOF Dec. 14, 1957; NAME OF CEMETERY OR CREMATORY Hopes Chapel; LOCATION (City, town, or county) Edgewater, (State) Md

DATE REC'D BY LOCAL REG. Dec. 14, 1957; REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: J. B. Johnson ADDRESS Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS 53 Washington St. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) D (Last) Parker
4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1957
5. SEX: female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 4-4-1880
9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Anne Arundel Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mack B. Diggs
14. MOTHER'S MAIDEN NAME: Elizabeth Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT (AND) ADDRESS: Elizabeth Boston - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocardial

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio - Sclerotic Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 7 months (b) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1957, to Dec 18, 1957, that I last saw the deceased alive on Dec 17, 1957, and that death occurred at 5:30 PM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. D. Richardson	M.D.	110 - Eg St Glen Burnie, Md.	12/21/57

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
B	12-21-1957	Brewer Hill	Annapolis	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-21-57	Mary French	William Reed	11-108 St. Washington St. Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11765

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 310 Griffith Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie; STREET ADDRESS (If rural, give location) 310 Griffith Lane

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) (Last) PETERSON

4. DATE OF DEATH: (Month) December (Day) 5 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 5, 1885

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Harpers Ferry, W. Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Williams

14. MOTHER'S MAIDEN NAME: Mary Houser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Charles J. Peterson, Glen Burnie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular Disease

(c)

1 1/2 X 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/13, 1951, to 12/5, 1951, that I last saw the deceased alive on 12/4, 1951, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE: Bobby L. Jones, M.D. (Degree or title) — ADDRESS: Glen Burnie Md — DATE SIGNED: 12/5/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/8/51 — NAME OF CEMETERY OR CREMATORY: London Park — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 12/8/51 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: W. Singleton — ADDRESS: Glen Burnie Md.

DEC 10
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11766

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 206 New Jersey Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) 206 New Jersey Avenue

3. NAME OF DECEASED (Type or Print): (First) Harry — (Middle) W. — (Last) Pollock
4. DATE OF DEATH: (Month) December (Day) 5, (Year) 19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Divorced	Oct. 26, 1881	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician	Self	Baltimore, Maryland	

13. FATHER'S NAME: William Pollock
14. MOTHER'S MAIDEN NAME: Sadie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS: Harry W. Pollock, Jr., 206 New Jersey Avenue Glen Burnie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 30 min.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 4 yrs.

794a (c) Diabetes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/2, 19 51, to 12/5, 19 51, that I last saw the deceased alive on 12/5, 19 51, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H. [illegible] Coleman, M.D. 115 Carter Ave. Glen Burnie, Md. 12/5/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	12/8/51	Cedar Hill Cemetery	Anne Arundel County, Maryland

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/6/51	Ada W. Andrick	Wm. Cook, Inc.	1217 St. Paul Street

VS! A15

1 Dup.

5-----16

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 978

Reg. Dist. No. 1562

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415 8-51

1. PLACE OF DEATH:

COUNTY: Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn, Md.

LENGTH OF STAY (in this place): Lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Donaldson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn (Rural)

STREET ADDRESS (If rural, give location): Old Annapolis Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Washington (Mannie) Pumphrey	December 25, 1951	Male	White	Widowed	March 28 1866	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Track Foreman (Ret)	W.B. & A. R.R. Co.	Severn, Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Greenbury T. Pumphrey	Margaret Ann Upton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Mrs. Charles E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Congestive heart failure and

Antecedent cause(s) — DUE TO (b) cerebral hemorrhage

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 24, 1951, to Dec 25, 1951, that I last saw the deceased alive on Dec 24, 1951, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

SIGNATURE: Eginee Green (DEGREE OR TITLE) ADDRESS: R. 3, Glen Burnie 8, Md DATE SIGNED: Dec 27, 1951

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 28/51	Griffith Private Cem.	Severn, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/27/51	L. D. Wallace	R. V. Singleton	Glen Burnie, Md.

523-506

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY A.A. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (Give location) 2026 Clifton Ave

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Kennedy (Last) Quade
4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1951
5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH Apr 13 1877
9. AGE last birthday 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Bernard Kennedy
14. MOTHER'S MAIDEN NAME Ellen Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Urvan A Quade Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemmorhage — Interval Between Onset and Death: 9 weeks

331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis — 10 years

83a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 14, 1951, to Dec 21, 1951, that I last saw the deceased alive on Dec. 20, 1951, and that death occurred at 7 a m., from the causes and on the date stated above.

SIGNATURE Vincent Gould, M.D. (Degree or title) ADDRESS mayo, md. DATE SIGNED 12-21-51

23. BURIAL, CREMATION / REMOVAL (Specify) Burial
DATE THEREOF Dec 24 1951
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. December 22. 1951
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR W.W. Jenkins Sons
ADDRESS 4905 York Rd

VS. A15

Item 22 Film0137 1/9/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9 Cypress Row

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 9 Cypress Row

3. NAME OF DECEASED (Type or Print): (First) George (Middle) A (Last) Queen

4. DATE OF DEATH (Month) (Day) (Year): Dec. 31 1951

5. SEX: Male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1874

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer — Sanitary Dept.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Anne Arundel County

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Issac Queen

14. MOTHER'S MAIDEN NAME: Anne Queen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service:

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Ida Smith 810 Spa Rd. Anna. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) arterio sclerotic heartdisease	10 years
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Dues	
429.0	(c) Carcinoma of Prostata	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 19.47, to 12-31, 19.51, that I last saw the deceased alive on Dec 31st, 19.51, and that death occurred at 3 A.m., from the causes and on the date stated above.

SIGNATURE: Edith Roeller (Degree or title) M.D. ADDRESS: 42 State Circle Annapolis DATE SIGNED: 1-3-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-4-1952

NAME OF CEMETERY OR CREMATORY: Fowlers Chapel Cemetery

LOCATION (City, town, or county) (State): Bestgate Md.

DATE REC'D BY LOCAL REG.: Jan 3, 1952

REGISTRAR'S SIGNATURE: M. Trench

24. FUNERAL DIRECTOR: William Reese II

ADDRESS: 108 W. Washington St, Anna Polis, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11770

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport
STREET ADDRESS (If rural, give location) 311 Adams

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) John (Last) Ramer
4. DATE OF DEATH: (Month) (Day) (Year) 12 - 24 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH June 4-1885
9. AGE last birthday 66 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter General
10b. KIND OF BUSINESS OR INDUSTRY Carpenter Work
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John C. Ramer
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Lena Ramer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary - Arteriosclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hiatus Hernia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to 12-24, 1951, that I last saw the deceased alive on 12-24, 1951, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. [illegible] 12-24-51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 12-27-51 — NAME OF CEMETERY OR CREMATORY St Mary's — LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. Dec. 27, 1951 — REGISTRAR'S SIGNATURE W. J. French — 24. FUNERAL DIRECTOR John W. Layton Son — ADDRESS Annapolis Md.

RECEIVED
DEC 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74 — 1071

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-115 I

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville State Hosp; LENGTH OF STAY (in this place) 3 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard County; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D.#1, Woodbine, Md.; STREET ADDRESS (If rural, give location) R.F.D. #1, Woodbine, Md.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Randall

4. DATE OF DEATH: (Month) 12 (Day) 24 (Year) 19 51

5. SEX: male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 22 1872

9. AGE last birthday: 79 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Perry Unknown Randall

14. MOTHER'S MAIDEN NAME: Corilla Thompson ~~Unknown~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Arteriosclerosis — Interval Between Onset and Death: Known to us since

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile Psychosis (deterioration) — Sept. 7/51

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: ----

19b. MAJOR FINDINGS OF OPERATION: ----

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ----; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ----; (CITY OR TOWN) ----; (COUNTY) ----; (STATE) ----

TIME OF INJURY (Month) (Day) (Year) (Hour) ----; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from Sept. 7, 1951, to Dec. 24, 1951, that I last saw the deceased alive on Dec. 24, 1951, and that death occurred at 2:15 P m., from the causes and on the date stated above.

SIGNATURE: Jacob Hungerstein M.D. (Degree or title) ADDRESS: Crownsville, Maryland DATE SIGNED: 12/24/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 12-28-51; NAME OF CEMETERY OR CREMATORY: Bushy Park; LOCATION (City, town, or county) (State): Crownsville, Howard Md.

DATE REC'D BY LOCAL REG.: Dec. 26, 1951; REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Luther H. Haight - Lyksville, Md ADDRESS

DATE 12/28/51
Y SENT TO LOCAL PROJECT
RECEIVED
1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11772

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville | LENGTH OF STAY (In this place) 15 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 253 Douglas Court

3. NAME OF DECEASED (Type or Print): (First) Elwood; (Middle) ——; (Last) Richardson
4. DATE OF DEATH: (Month) December (Day) 24. (Year) 1951

5. SEX: male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 25.1935
9. AGE last birthday: 16 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ——
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ——
14. MOTHER'S MAIDEN NAME: Mildred Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Palsy	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Congenital spastic Idiocy	Known to us
351	(c)		since Sept 6 1950

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ——

19a. DATE OF OPERATION: ——
19b. MAJOR FINDINGS OF OPERATION: ——
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ——
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ——
(CITY OR TOWN): ——
(COUNTY):
(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ——
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ——

22. I hereby certify that I attended the deceased from Sept 6, 1950, to Decem. 24, 1951, that I last saw the deceased alive on Dec. 24, 1951, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] M.D. (Degree or title)
ADDRESS: Crownsville, Maryland
DATE SIGNED: 12.24. 1951.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-29-51
NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem.
LOCATION (City, town, or county): Brooklyn Md (State)

DATE REC'D BY LOCAL REG.: 12 29 51
REGISTRAR'S SIGNATURE: [signature] Dep R
FUNERAL DIRECTOR: Chas O. Wilson
ADDRESS: 1040 Brantley ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11773

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A. A. — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendship
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E. (Last) Rockhold

4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb 15 1872

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): A. A. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Elijah L Rockhold

14. MOTHER'S MAIDEN NAME: Susan Baldwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Mary Rock Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Sigmoid Colon — Interval Between Onset and Death: 11 months

153 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

46 2 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — final yes

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1951, to Dec 18, 1951, that I last saw the deceased alive on Dec 18, 1951, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE: Geo C Bond (Degree or title) M D — ADDRESS: Annapolis Md — DATE SIGNED: 12-1951

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 12-20-51 — NAME OF CEMETERY OR CREMATORY: Cedar Bluff — LOCATION (City, town, or county) (State): Annapolis Md

DATE REC'D BY LOCAL REG.: Dec. 20, 1951 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: John M. Jay Co. Inc — ADDRESS: Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 33 Maryland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 33 Maryland Ave

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Angela (Last) Scala

4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Oct 8th 1878

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mathew Lamberdella

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Anna Lenton Md. Ave Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac failure	sudden
Antecedent cause (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Oedema of lungs	1 week
	(c) Diabetes mellitus	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (c) Hypertensive cardiac disease — 10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 26, 1951, to Dec. 27, 1951, that I last saw the deceased alive on Oct. 27, 1951, and that death occurred at 3A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Claffy M.D. 98 Gloucester St Annapolis Md 12/30/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 12-31-51 | NAME OF CEMETERY OR CREMATORY Mt Moriah | LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. Dec 31, 1951 | REGISTRAR'S SIGNATURE | FUNERAL DIRECTOR John M. Sayler Son ADDRESS Annapolis Md.

11775

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 2 Martin Street

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) R. (Last) Scherger
4. DATE OF DEATH: (Month) December (Day) 22 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~. (Specify)
8. DATE OF BIRTH: 1-28-1901
9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Former U.S.N.A.
10b. KIND OF BUSINESS OR INDUSTRY: General Carpenter
11. BIRTHPLACE (State or foreign country): Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: John K. Scherger
14. MOTHER'S MAIDEN NAME: Maggie E. Jacobs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Sarah L. Scherger, Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — Sudden

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Arteriosclerotic Heart Disease — 3 yrs

93d (c) Hypertension — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 25, 1951, to Dec 22, 1951, that I last saw the deceased alive on Dec 22, 1951, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

Geo. C. Reed M. D. Annapolis Md 12-24-51

23. BURIAL, CREMATION, REMOVAL—(Specify) — DATE THEREOF 12-24-1951 — NAME OF CEMETERY OR CREMATORY Cedar Bluff — LOCATION (City, town, or county) (State) Annapolis, Md.

DATE REC'D BY LOCAL REG. Dec 24, 1951 — REGISTRAR'S SIGNATURE W. C. French — 24. FUNERAL DIRECTOR ADDRESS John H. Taylor & Son - Annapolis, Md.

5 6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11776

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A. Arun — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Drury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Drury
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Catherine	Sellman	Dec	28	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	Colored	married	Dec. 2 1902	49 yrs.		26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		Md. Kendree A. A.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alexander Abrams	Jennie Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Robert Sellman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

442x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension NR disease never

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from ——, 195—, to Dec. 28, 1951, that I last saw the deceased alive on Dec. 15, 1951, and that death occurred at 10:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	M.D.	[illegible]	12-30-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 1 1952	Moses Cem.	Drury A. A.	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 1, 1952	[illegible]	J. B. Johnson	Annapolis

VS-A15

JAN 7 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11777

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Edgewater

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
STREET ADDRESS (If rural, give location) Edgewater

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Preston (Last) Simms — alias Galloway

4. DATE OF DEATH: (Month) 12 (Day) 4 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: Sept 18, 1945

9. AGE last birthday: 6 yrs. — If under 1 year: Months / Days — If under 24 hr: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Simms

14. MOTHER'S MAIDEN NAME: Isabelle Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Isabelle Galloway. 31. Clay St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.0 **Immediate cause** (a) BURNS

180 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY at Home | (CITY OR TOWN) Edgewater | (COUNTY) A.A. | (STATE) Md

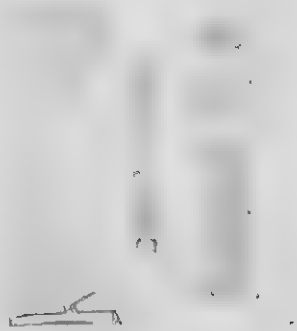
TIME OF INJURY (Month) Dec (Day) 4 (Year) 1951 (Hour) 10 p.m. 55 | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Trapped on Second Floor of Burning House

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death was due to the cause(s) stated from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE (Degree or title) John M. Claffy, M.D. Deputy Medical Examiner — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12-7-1951 | NAME OF CEMETERY OR CREMATORY Brewer Hill Cemetery | LOCATION (City, town, or county) Annapolis, Maryland

DATE REC'D BY LOCAL REG. Dec. 7, 1951 | REGISTRAR'S SIGNATURE Edward Collinson | 24. FUNERAL DIRECTOR AND ADDRESS Wm. Keene & Son 108. W. Washington Street Annapolis, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11778

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 1312 West St

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) (Last) SMITH

4. DATE OF DEATH: (Month) DECEMBER (Day) 25, (Year) 1951

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	1-10-1881	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Frederick, Md.	U S A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Cerebral hemorrhage (quadriplegia) — INTERVAL BETWEEN ONSET AND DEATH: 18 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Arteriosclerosis.

DUE TO (c)

3318 1951

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fracture of right femur.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
12/6/51	Intertrochanteric fracture of right femur.	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 29, 1951, to Dec. 25, 1951, that I last saw the deceased alive on Dec. 25, 1951, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Jesse L. Wilkins, M.D. 232 Prince Geo. St Annapolis Md. 12/31/51

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 2, 52	St Mary's	Annapolis, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 2, 1952	[signature]	Bent Hopping & Son	Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pasadena
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena Rural
STREET ADDRESS (If rural, give location) Box 7 about 50 Feet off Ritchie Hwy

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) M (Last) Snyder

4. DATE OF DEATH: (Month) Dec (Day) 15 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 29 1891

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: John Flickner

14. MOTHER'S MAIDEN NAME: Annie Fries

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Frank F Snyder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral thrombosis	1 Month
X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) generalized arteriosclerosis	indefinite
	(c) Diabetes mellitus	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 6, 1949 to Dec. 15, 1951, that I last saw the deceased alive on Dec. 15, 1951, and that death occurred at 5:35 P.m., from the causes and on the date stated above.

SIGNATURE: R. M. Magellis (Degree or title) M.D. ADDRESS: Pasadena. Md. DATE SIGNED: Dec. 16. 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Dec 17 1951 | NAME OF CEMETERY OR CREMATORY: Glen Hall | LOCATION (City, town, or county) (State): Anne Arundel Co Md

DATE REC'D BY LOCAL REG. 12-17-51 | REGISTRAR'S SIGNATURE: C

24. FUNERAL DIRECTOR: C. H. Mead Sons Inc | ADDRESS: Severna Park

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (In this place) 30 A; HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 229 Durham

3. NAME OF DECEASED (Type or Print): (First) JUANITA (Middle) (Last) STINNETT

4. DATE OF DEATH: (Month) Dec (Day) 13 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 23 1929

9. AGE last birthday: 22 yrs. If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Percy Stinnett

14. MOTHER'S MAIDEN NAME: Mildred Gastnis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Percy Stinnett, 229 Durham St Balto. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture Base of Skull — Instant

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Internal injuries

819.5 170 c

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office building, etc.) OF INJURY: Road near Lincoln Corner (CITY OR TOWN) near Crownsville (COUNTY) A.A. (STATE) Co

TIME OF INJURY (Month) DEC. (Day) 13 (Year) 1951 (Hour) 4 p.m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Automobile in which she was riding collided with tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Cosby M.D. Deputy Medical Examiner, Annapolis Md 12/14/51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 12/15/51 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 12/17/51 REGISTRAR'S SIGNATURE C. W. Heard

24. FUNERAL DIRECTOR, ADDRESS

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nr Severna Pk. LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nr Severna Pk. A.A. Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural give location) Same.

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) Daniel (Last) Strutz
4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1951
5. SEX: Male.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 7. 1877
9. AGE last birthday: 74 — yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Board of Education
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Daniel Strutz.
14. MOTHER'S MAIDEN NAME: Mary Dougherty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Paul Strutz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 48 hours

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
94a (b) Cardio-Vascular Disease — 5 yrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 23, 19.51, to Dec 26, 19.51, that I last saw the deceased alive on Dec 25, 19.51, and that death occurred at 10 30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James S. Billingsley. M.D ADDRESS 108 Central Av Elkridge Md DATE SIGNED Dec 26 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12/29/51 | NAME OF CEMETERY OR CREMATORY: London Park | LOCATION (City, town, or county) (State): Balto. Md.

DATE RECD BY LOCAL REG. 12/27/51 | REGISTRAR'S SIGNATURE: D.W. Hedrick

24. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul St

Dup

VS: AR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11782

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 91 Market

3. NAME OF DECEASED (Type or Print): (First) Herman (Middle) (Last) Sturm

4. DATE OF DEATH: (Month) 12 (Day) 9 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Mar. 16-1869

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Set-Electrical Works

10b. KIND OF BUSINESS OR INDUSTRY: Electrical

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Albert J. Sturm

14. MOTHER'S MAIDEN NAME: Elizabeth Funker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Miss Myrtle Sturm Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Immediate
177X Antecedent cause (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio-Vascular Disease	2 yrs.
51X	(c) Carcinoma of the Prostate Gland	1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert K. Anderson M.D. Annapolis 12/9/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 12-12-51 | NAME OF CEMETERY OR CREMATORY St Mary's | LOCATION (City, town, or county) Annapolis | (State) Md.

DATE REC'D BY LOCAL REG. Dec. 10, 1951 | REGISTRAR'S SIGNATURE W. E. Dennis | 24. FUNERAL DIRECTOR John W. Sayler Son | ADDRESS Annapolis Md

12-12-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A164

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY in this place 5 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY A.A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glambells
STREET ADDRESS (If rural, give location) Evergreen Rd

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) — (Last) TALFORD

4. DATE OF DEATH: (Month) DEC (Day) 22 (Year) 195[illegible]

5. SEX: Male — 6. COLOR OR RACE: negro — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed — 8. DATE OF BIRTH — 9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer — 10b. KIND OF BUSINESS OR INDUSTRY: Building — 11. BIRTHPLACE (State or foreign country): South Carolina — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Talford — 14. MOTHER'S MAIDEN NAME: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Failure	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Cardio-Renal Disease & decompensation	
	(c) General arterio sclerosis	untimed

442X
1310

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

John M. Cleffy M.D. Deputy Medical Examiner Annapolis Md 12/22/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 28 1951 — NAME OF CEMETERY OR CREMATORY: Bower Hill Cemetery — LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: Dec. 28, 1951 — REGISTRAR'S SIGNATURE: W. T. Brinch — 24. FUNERAL DIRECTOR — ADDRESS: William Reese 1/108 to reach at Annapolis, Maryland

Item 18 Film 3140 3-27-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH
COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS APL-31, U.S.Naval Station

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville,
STREET ADDRESS (If rural, give location) Route #3

3. NAME OF DECEASED (Type or Print) (First) Norris (Middle) (none) (Last) TERRY

4. DATE OF DEATH (Month) Dec. (Day) 15 (Year) 19 51

5. SEX M

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married.

8. DATE OF BIRTH 8-10-14

9. AGE last birthday 37 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S.Navy

10b. KIND OF BUSINESS OR INDUSTRY U.S.Navy

11. BIRTHPLACE (State or foreign country) Gaitherburg, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unkn.

14. MOTHER'S MAIDEN NAME Bessie FRAZER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY No. - -

17. INFORMANT AND ADDRESS U.S. Naval Personal Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diagnosis pending / Undetermined.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg. etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE) U.S. Naval Station, Annapolis, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 0359 12-15 19 51, to 0450 12-15 19 51, that I last saw the deceased alive on 0400 12-15 19 51, and that death occurred at 0415 12-15-51 m., from the causes and on the date stated above.

SIGNATURE R. D. Nauman (Degree or title) ADDRESS DATE SIGNED 12-15-51

R. D. NAUMAN, LT., MC, U.S.N. U.S.Naval Station, Annapolis, Md.

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

DATE THEREOF 12-17-51

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) ROCKVILLE, MARYLAND

DATE REC'D BY LOCAL REG. Dec. 17, 1951

REGISTRAR'S SIGNATURE J. J. O'Donnell

24. FUNERAL DIRECTOR ADDRESS B. L. HOPPING & SON ANNAPOLIS, MD.

Item 5 Film G139 2-20-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 South Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 106 South Street

3. NAME OF DECEASED (Type or Print): (First) Cindow (Middle) Lee (Last) Thompson
4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FeMale	Negro	Widowed	April 6, 1932	19 yrs.	5	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lothian, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Thompson
14. MOTHER'S MAIDEN NAME: Alvin Bias

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Alvin Wallace 106 So. St. Anna. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Far Advanced Tuberculosis	6 mon.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16, 1951, to 12/31, 1951, that I last saw the deceased alive on 12/31, 1951, and that death occurred at 8:15 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Theodore G. Johnson	M.D.	40 Northwest Street Annapolis, Md	1/4/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-6-1952	Brewer Hill Cemetery	Annapolis Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
Jan. 6, 1952	[illegible]	[illegible]	Annapolis, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 1412 West St

3. NAME OF DECEASED: (Type or Print) (First) (Harry) andor (Middle) Henry M. (Last) Tongue Jr

4. DATE OF DEATH: (Month) December (Day) 21 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Feb. 24, 1888

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months 9 Days 27 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Retail Shoe Store

11. BIRTHPLACE (State or foreign country): Anne Arundel County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry M. Tongue Sr

14. MOTHER'S MAIDEN NAME: Agnes Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 213-14-3008

17. INFORMANT & ADDRESS: Mr Henry M. Tongue III 1412 West St. Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic heart disease — Interval Between Onset and Death: 1 yr

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Gen arteriosclerosis — 15 yrs

DUE TO

(c)

4 2 0.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Thrombosis of anta communicating cerebral.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16, 1957, to 12/24, 1957, that I last saw the deceased alive on 12/21, 1957, and that death occurred at 1:45 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

J. Bosworth M.D Annapolis Md 12/24/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12-24-51 — NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemetery — LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. Dec. 24, 1951 — REGISTRAR'S SIGNATURE J. D. Bruch

24. FUNERAL DIRECTOR — ADDRESS: Ben L. Hopping and Son Annapolis, Maryland

F 10-VV

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 237

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel Rural; LENGTH OF STAY (in this place) 5 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS East Meade Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Laurel; STREET ADDRESS (If rural, give location) East Meade Road

3. NAME OF DECEASED (Type or Print): (First) Juanita (Middle) Pauline (Last) Fogle

4. DATE OF DEATH: (Month) Dec (Day) 22 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 5, 1900

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Montgomery Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John R. Jackson

14. MOTHER'S MAIDEN NAME: Dorothy Burris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: C.F. Fogle, Laurel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocarditis	1 hr
20 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes mellitus	4 yr
61	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1 ., 1949, to Dec 22., 1951., that I last saw the deceased alive on Dec 21 ., 1951, and that death occurred at 4:02 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert J McGreevy M.D. 402 Main St Laurel Md 12/22/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/24/51

NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery

LOCATION (City, town, or county) (State): Laurel, Maryland

DATE REC'D BY LOCAL REG.: 12-24-51

(REGISTRAR'S SIGNATURE): M. Bischoff

24. FUNERAL DIRECTOR: De Witt Donaldson ADDRESS: Laurel, Md

d #0

COPY SENT TO LOCAL REGISTRAR No. ____ DATE 17/8/51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place) a few minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Annapolis COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 55 HARKIN

3. NAME OF DECEASED (Type or Print): (First) DORIS (Middle) C (Last) WATKINS
4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 1951

5. SEX: female
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 1908
9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alec Simms.
14. MOTHER'S MAIDEN NAME: unknown Margaret [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: William Watkins, Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure — Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Almost Complete Occlusion of Both Coronaries

9.1 (c) Arterio-sclerosis of Aorta

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Coffey M.D. Deputy Medical Examiner Annapolis Md 12/17/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12-19-1951 | NAME OF CEMETERY OR CREMATORY: Brewer Hill Cemetery | LOCATION (City, town, or county) (State): Annapolis Maryland

DATE REC'D BY LOCAL REG. Dec. 19, 1951 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR ADDRESS: William Reese & 108 W. Washington St Annapolis, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Laurel, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Laurel, Md.
STREET ADDRESS (If rural, give location) Laurel, Md. A. A. County

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) May (Last) Welsh

4. DATE OF DEATH (Month) 12 (Day) 25 (Year) 1957

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH May 9, 1875 | 9. AGE last birthday 76 yrs. | If under 1 year: Months 7 Days 15 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY At home | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph T. Carroll | 14. MOTHER'S MAIDEN NAME Emma Cleves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Robert Lee Welsh Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Dis	11 yrs
	(c) Arteriosclerosis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1941, to Dec. 25, 1957, that I last saw the deceased alive on Dec 24, 1957, and that death occurred at 9:20 A m., from the causes and on the date stated above.

SIGNATURE J. M. Warren M.D. (Degree or title) ADDRESS Laurel DATE SIGNED 12/25/57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12-28-57 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 12/26/57 | REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR William Cook Inc. ADDRESS 1217 St. Paul St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9321

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allagney

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barton

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
GEORGE	E	WILLIAMS	DECEMBER 29 1951

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 21, 1883	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Miner	Coal Mine	Barton, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William S. Williams	Mollie Dunden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no no	217-03-2181	The Rev. J. Lee Williams Millersville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
581.0 Immediate cause	(a) Cerebral Vascular Accident	6 hrs.
125a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Acute Yellow Atrophy (?)	2 days
	DUE TO (c) Acute Infectious Hepatitis	3 Wks.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— M.	—	—

22. I hereby certify that I attended the deceased from 12/27/51, to 12/29/51, that I last saw the deceased alive on 12/29/51, and that death occurred at 10:20 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Frank M. Shipley, M.D.	63 College Ave. Annapolis	12/30/51

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-2-52	Laurel Hill Cemetery	Moscow, Allagany, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Dec. 30, 1951	[signature]	Ben L. Hopping and Son Annapolis, Md.

RECEIVED
JAN 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11791

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville, Maryland; LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Willie; (Middle); (Last) Williams
4. DATE OF DEATH: (Month) 12; (Day) 25; (Year) 1951
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1883?
9. AGE last birthday: 68 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Robert Williams
14. MOTHER'S MAIDEN NAME: Fannie (Last name nunknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: - - - - - -
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Arteriosclerosis — Interval Between Onset and Death: Known to us since adm. 12/3/51

234X 97

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - - - -
19b. MAJOR FINDINGS OF OPERATION: - - - - - -
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): - - -
PLACE (Home, farm, factory, street, office bldg., etc.): - -
(CITY OR TOWN) - - - - - - - (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? - - - - -

22. I hereby certify that I attended the deceased from 12/3, 1951, to 12/25, 1951, that I last saw the deceased alive on 12/3, 1951, and that death occurred at 5:15 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Asst Muncaster M.D
ADDRESS: Crownsville, Maryland
DATE SIGNED: 12/25/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/4/52
NAME OF CEMETERY OR CREMATORY: Universalist Church
LOCATION (City, town, or county) (State): Bel Air Md
DATE REC'D BY LOCAL REG.: Jan 4 1952
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Francis A Hemsley
ADDRESS: Bel Air Md

150-105

JUL 7 1952

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11792

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; MARYLAND; LENGTH OF STAY (in this place) 20 Yr; HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) R.F.D. Route 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANITA	LOUISE	WOOD	DEC	7	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	White		OCT. 1, 1951	yrs.	2	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Wood	Evelyn Eudine New

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Thomas Wood. Route 1, R.F.D. ANNAPOLIS, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

924.0 **Immediate cause** (a) ASPHYXIATION

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

.82 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office building, etc.) OF INJURY Home	(CITY OR TOWN) (COUNTY) (STATE) ANNAPOLIS, ROUTE 178 A.A. Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
DEC. 7 1951 8 a.m.		SMOTERED IN CRIB.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John M. Claffy M.D. Deputy Medical Examiner	Annapolis Md	12/7/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-8-51	St Mary's Cemetery	Annapolis, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 8, 1951	[signature]	[illegible]	Annapolis, Md.

VS-416A

20(10)53(51)28 4404

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BUREAU U. S.